

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29044

FILED  
Jan 25, 2008  
Secretary of State

Entity Name: TEEN COURT OF SARASOTA, INC.

**Current Principal Place of Business:**

101 S WASHINGTON BLVD.  
STE 301  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 48927  
SARASOTA, FL 34230 US

**New Mailing Address:**

FEI Number: 65-0108304      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WALKER, KIMBERLY P  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RICE, FAY  
Address: 2266 HAWTHORNE ST  
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete  
Name: BUTLER, CHRISTINE  
Address: 1605 MAIN ST SUITE 800  
City-St-Zip: SARASOTA, FL 342302018

Title: D ( ) Delete  
Name: BYRON, LEE,  
Address: 653 SINCLAIR DR  
City-St-Zip: SARASOTA, FL 34240

Title: MD ( ) Delete  
Name: SELF, M. KATHLEEN  
Address: 101 S. WASHINGTON BLVD  
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete  
Name: WALKER, KIMBERLY P  
Address: 220 S ORANGE AVE  
City-St-Zip: SARASOTA, FL 34236

Title: T ( ) Delete  
Name: MENCHINGER, THOMAS A CPA  
Address: 2831 RINGLING BLVD SUITE 204-B  
City-St-Zip: SARASOTA, FL 34237

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BYRON, LEE  
Address: 653 SINCLAIR DR  
City-St-Zip: SARASOTA, FL 34240

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M KATHLEEN SELF

MD

01/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date