

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# N29044

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

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

Title: () Change () Addition
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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

01/26/2009

Electronic Signature of Signing Officer or Director

Date