

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29044

FILED  
Feb 09, 2012  
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:** PRES  
**Name:** BALAITY, JESSE R  
**Address:** P. O. BOX 48927  
**City-St-Zip:** SARASOTA, FL 34230 US

**Title:** S  
**Name:** BUTLER, CHRISTINE  
**Address:** P. O. BOX 48927  
**City-St-Zip:** SARASOTA, FL 34230 US

**Title:** VP  
**Name:** JOELS, EMMA J  
**Address:** P. O. BOX 48927  
**City-St-Zip:** SARASOTA, FL 34230 US

**Title:** MD  
**Name:** SELF, M. KATHLEEN  
**Address:** P. O. BOX 48927  
**City-St-Zip:** SARASOTA, FL 34230 US

**Title:** D  
**Name:** WALKER, KIMBERLY P  
**Address:** P. O. BOX 48927  
**City-St-Zip:** SARASOTA, FL 34230

**Title:** T  
**Name:** MENCHINGER, THOMAS A CPA  
**Address:** P. O. BOX 48927  
**City-St-Zip:** SARASOTA, FL 34230

I hereby 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 all other like empowered.

SIGNATURE: M. KATHLEEN SELF

MD

02/09/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date