

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006 8:00 am
Secretary of State

07-07-2006 90001 032 ****61.25

DOCUMENT # N94000000707

1. Entity Name
BAY COUNTY TEEN COURT, INC.



Principal Place of Business
**4 HARRISON AVENUE
SUITE 7 & 8
PANAMA CITY, FL 32401 US**

Mailing Address
**P.O. BOX 1206
PANAMA CITY, FL 32402 US**

50021715



07062006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3230900		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent BOOTH, JOEL 4 HARRISON AVE UNIT #8 PANAMA CITY, FL 32401		7. Name and Address of New Registered Agent Name Tommie Pitts Street Address (P.O. Box Number is Not Acceptable) 505 E. 11th Street City Panama City FL Zip Code 32401	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Tommie Pitts* 7/6/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TOMMIE, PITTS 505 E 11TH ST PANAMA CITY, FL 32401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JOEY, HALL 1309 E 15TH ST PANAMA CITY, FL 32405 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOODY, JAY P.O. BOX 230 PANAMA CITY, FL 32402 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Pam Kennon 4511 Vista Lane Lynn Haven, FL 32444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOOTH, JOEL PO BOX 1206 PANAMA CITY, FL 324021206 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANSON, CATHIE 2522 W 33RD ST PANAMA CITY, FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tommie Pitts* 7/6/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #