

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90007 007 \*\*\*\*61.25

DOCUMENT # N94000000707

1. Entity Name  
BAY COUNTY TEEN COURT, INC.



Principal Place of Business  
427 OAK AVENUE  
PANAMA CITY, FL 32401 US

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

bbuu3/b4



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-3230900

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PITTS, TOMMIE  
505 E. 11TH STREET  
PANAMA CITY, FL 32401

Name: Pamela Kennon  
Street Address (P.O. Box Number is Not Acceptable)  
1411 Baker Ct  
Panama City, FL  
City: Panama City, FL Zip Code: 32401

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: Pamela Kennon, Pamela Kennon 3/05/07  
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 May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DP ☐ Delete  
NAME: TOMMIE, PITTS  
STREET ADDRESS: 505 E 11TH ST  
CITY-ST-ZIP: PANAMA CITY, FL 32401

TITLE: PAST PRESIDENT ☒ Change ☐ Addition  
NAME: PITTS, TOMMIE  
STREET ADDRESS: 505 E 11TH STREET  
CITY-ST-ZIP: PANAMA CITY, FL 32401

TITLE: S ☒ Delete  
NAME: HANSON, CATHIE  
STREET ADDRESS: 2522 W 33RD ST  
CITY-ST-ZIP: PANAMA CITY, FL 32405

TITLE: SECRETARY ☐ Change ☒ Addition  
NAME: MINCEY, VALARIE  
STREET ADDRESS: P.O. BOX 805  
CITY-ST-ZIP: PANAMA CITY, FL 32402

TITLE: T ☐ Delete  
NAME: KENNON, PAM  
STREET ADDRESS: 4511 VISTA LANE  
CITY-ST-ZIP: LYNN HAVEN, FL 32444

TITLE: TREASURER ☒ Change ☐ Addition  
NAME: KENNON, PAMELA  
STREET ADDRESS: 114 BAKER COURT  
CITY-ST-ZIP: PANAMA CITY, FL 32401

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: PRESIDENT ☐ Change ☒ Addition  
NAME: BROXTON, QUENTIN  
STREET ADDRESS: P.O. BOX 1040  
CITY-ST-ZIP: PANAMA CITY, FL 32402

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: VICE PRESIDENT ☐ Change ☒ Addition  
NAME: LAWRENCE, LOIS  
STREET ADDRESS: 2230 EDWATER DRIVE  
CITY-ST-ZIP: PANAMA CITY, FL 32405

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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 empowers.

SIGNATURE: Pamela Kennon, Pamela Kennon 3-05-07 550-215-3693  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #