

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000707

FILED  
Jan 10, 2009  
Secretary of State

Entity Name: BAY COUNTY TEEN COURT, INC.

## Current Principal Place of Business:

4 HARRISON AVENUE  
SUITE 7 & 8  
PANAMA CITY, FL 32401 US

## New Principal Place of Business:

427 W. OAK AVE  
PANAMA CITY, FL 32401 US

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 59-3230900      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KENNON, PAMELA  
1411 BAKER CT  
PANAMA CITY, FL 32401 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: PP ( ) Delete  
Name: PITTS, TOMMIE  
Address: 505 E 11TH ST  
City-St-Zip: PANAMA CITY, FL 32401

Title: S ( ) Delete  
Name: MINCEY, VALARIE  
Address: P.O. BOX 805  
City-St-Zip: PANAMA CITY, FL 32402

Title: T ( ) Delete  
Name: KENNON, PAM  
Address: 114 BAKER COURT  
City-St-Zip: PANAMA CITY, FL 32401

Title: P ( ) Delete  
Name: BROXTON, QUENTIN  
Address: P.O. BOX 1040  
City-St-Zip: PANAMA CITY, FL 32402

Title: VP ( ) Delete  
Name: LAWRENCE, LOIS  
Address: 2230 EDWATER DRIVE  
City-St-Zip: PANAMA CITY, FL 32405

## 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  
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: PAMELA KENNON

T

01/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date