

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000786 (2)

1. Corporation Name

LAFAYETTE TEEN COURT, INCORPORATED



Principal Place of Business

Mailing Address

**HIGHWAY 349 RT. 1. BOX 273
BRANFORD FL 32008**

**HIGHWAY 349 RT. 1. BOX 273
BRANFORD FL 32008**

3. Date Incorporated or Qualified
02/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **Main Street**

26 **P.O. Box 1540**

4. FEI Number

59-3302814

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

County Court House

City & State

23 City & State

28 City & State

Mayo, FL

Mayo, FL

24 Zip

Country

29 Zip

Country

32066

USA

32066

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARNOLD, LANA K
HIGHWAY 349 RT. 1, BOX 273
BRANFORD FL 32008**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **Lana Arnold, Director**
STREET ADDRESS **Rt 1, Box 273**
CITY-ST-ZIP **Brantford, FL 32008**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **TREASURER** - D - ☐ Change ☐ Addition
1.2 NAME **MARILYN WIMBERLEY**
1.3 STREET ADDRESS **COUNTY COURT HOUSE**
1.4 CITY-ST-ZIP **MAYO FL 32066**

2.1 TITLE **PRESIDENT** - D - ☐ Change ☐ Addition
2.2 NAME **BILL PRIMMINA**
2.3 STREET ADDRESS **P.O. Box 8416**
2.4 CITY-ST-ZIP **MAYO FL 32066**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **90000190998** ☐ Change ☐ Addition
6.2 NAME **-07/31/96--01077--019**
6.3 STREET ADDRESS *****61.25**
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(904) 294-4257

Daytime Phone

05/21/96

CR2E037 (12/95)