

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000786

FILED
May 09, 2005
Secretary of State

Entity Name: LAFAYETTE TEEN COURT, INCORPORATED

Current Principal Place of Business:

6277 S. CR. 349
BRANFORD, FL 32008

New Principal Place of Business:

Current Mailing Address:

6277 S. CR. 349
BRANFORD, FL 32008 US

New Mailing Address:

FEI Number: 59-3302816 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: D () Delete
Name: ARNOLD, LANA
Address: RT 1 BOX 273
City-St-Zip: BRANFORD, FL 32008

Title: TD () Delete
Name: TOWNSEND, PATRICIA
Address: 2840 NW 30TH STREET
City-St-Zip: BELL, FL 32619 US

Title: PD () Delete
Name: ARNOLD, DAVID
Address: RT. 1 BOX 272
City-St-Zip: BRANFORD, FL 32008 US

Title: SD () Delete
Name: HAYDEN, SHELLY
Address: 6706 S. SR 349
City-St-Zip: BRANFORD, FL 32008 US

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LANA ARNOLD

D

05/09/2005

Electronic Signature of Signing Officer or Director

Date