

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N95000005387 (4)**

1. Corporation Name

JACKSON COUNTY TEEN COURT, INC.

Principal Place of Business

P O BOX 761
MARIANNA FL 32447

Mailing Address

P O BOX 761
MARIANNA FL 32447



3. Date Incorporated or Qualified

11/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **4012 Lafayette St**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Room 127**

27

City & State

City & State

23 **Marianna, Florida**

28

Zip

Country

Zip

Country

24 **32446**

25 **Jackson**

29

30

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

**SIMPSON, ELIZABETH
4421 JACKSON ST
MARIANNA FL**

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 of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SIMPSON, ELIZABETH	
STREET ADDRESS	P O BOX 761 N/A	
CITY - ST - ZIP	MARIANNA FL 32447	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BAKER, FRANK A	
STREET ADDRESS	4431 LAFAYETTE ST	
CITY - ST - ZIP	MARIANNA FL 32446	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JOHNSON, SHERRI	
STREET ADDRESS	2903 JEFFERSON ST	
CITY - ST - ZIP	MARIANNA FL 32446	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WALLER, FRANK	
STREET ADDRESS	2903 JEFFERSON ST	
CITY - ST - ZIP	MARIANNA FL 32446	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHEALY, PRESTON	
STREET ADDRESS	2898 JEFFERSON ST	
CITY - ST - ZIP	MARIANNA FL 32446	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HATCHER, WOODROW W	
STREET ADDRESS	P O BOX 957 N/A	
CITY - ST - ZIP	MARIANNA FL 32446	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD Sharon Calloway
2.3 STREET ADDRESS	4878 Blue Springs Road
2.4 CITY - ST - ZIP	Marianna, FL 32446
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD Dale Guthrie
4.3 STREET ADDRESS	4445 Lafayette St
4.4 CITY - ST - ZIP	Marianna, FL 32446
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

Elizabeth M. Simpson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/96 (914) 526-3520
Date Daytime Phone #

CR2E037 (3/96)