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Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005387 (4)**

1. Corporation Name

JACKSON COUNTY TEEN COURT, INC.



Principal Place of Business	Mailing Address
4012 LAFAYETTE ST ROOM 127 MARIANNA FL 32447 US	P O BOX 761 MARIANNA FL 32447-0761

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 11/13/1995	3a. Date of Last Report 06/26/1996
4. FEI Number 59-3362027	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
SIMPSON, ELIZABETH 4421 JACKSON ST MARIANNA FL	

10. Name and Address of New Registered Agent	
81 Name	Sharron Calloway
82 Street Address (P.O. Box Number is Not Acceptable)	4878 Blue Springs Road
83	
84 City	Marianna, FL
85 Zip Code	32446

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 *Sharon Calloway* DATE *3/5/97*

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	SIMPSON, ELIZABETH
STREET ADDRESS	P O BOX 761 N/A
CITY - ST - ZIP	MARIANNA FL 32447
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	CALLOWAY
STREET ADDRESS	4878 BLUE SPRINGS ROAD
CITY - ST - ZIP	MARIANNA FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, SHERRI
STREET ADDRESS	2903 JEFFERSON ST
CITY - ST - ZIP	MARIANNA FL 32446
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	GUTHRIE, DALE
STREET ADDRESS	4445 LAFAYETTE ST
CITY - ST - ZIP	MARIANNA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SHEALY, PRESTON
STREET ADDRESS	2898 JEFFERSON ST
CITY - ST - ZIP	MARIANNA FL 32446
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HATCHER, WOODROW W
STREET ADDRESS	P O BOX 957 N/A
CITY - ST - ZIP	MARIANNA FL 32446

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sharron Calloway
1.3 STREET ADDRESS	4878 Blue Springs Road
1.4 CITY - ST - ZIP	Marianna, FL 32448
2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fred Cook
2.3 STREET ADDRESS	P. O. Box 5958 2903 Jefferson St.
2.4 CITY - ST - ZIP	Marianna, FL 32447
3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Barbara Wynn
3.3 STREET ADDRESS	P. O. Box 510 4310 Pearl St.
3.4 CITY - ST - ZIP	Marianna, FL 32447-0510
4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mamie A. Green
4.3 STREET ADDRESS	P. O. Box 276, 2914 Evergreen Lane
4.4 CITY - ST - ZIP	Marianna, FL 32447-0276
5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	James M. Standland, Jr.
5.3 STREET ADDRESS	4373 Deering St.
5.4 CITY - ST - ZIP	Marianna, FL 32446
6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Dale Guthrie
6.3 STREET ADDRESS	P.O. Box 510, 2940 Sand Ridge Road
6.4 CITY - ST - ZIP	Marianna, FL 32447-0510

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mamie A. Green* DATE: *1-28-97* DAYTIME PHONE: *904 483-5667*

CR2E037 (9/96)