

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90151 031 \*\*\*\*61.25

<b>DOCUMENT # N95000005387</b> 1. Entity Name <b>JACKSON COUNTY TEEN COURT, INC.</b>					
Principal Place of Business <b>4440 LAFAYETTE ST</b> # E <b>MARIANNA, FL 32446 US</b>			Mailing Address <b>4440 LAFAYETTE ST</b> # E <b>MARIANNA, FL 32446 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		4. FEI Number <b>59-3362027</b>			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>SIMPSON, ELIZABETH</b> <b>4444 LAFAYETTE ST</b> <b>MARIANNA, FL 32446</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD JOHNSON, SHERRI 2903 JEFFERSON STREET MARIANNA, FL 32446		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FRITZ, JUDY 4250 KELSON ST MARIANNA, FL 32446		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Judy Lanier PO Box 764 Marianna, FL 32447	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MEDLOCK, MARY E 4250 HOSPITAL DRIVE MARIANNA, FL 32446		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TAYLOR, DAVID 4150 HOLLIS DRIVE MARIANNA, FL 32446		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Rachel Tolivar P.O. BOX 1608 Marianna, FL 32447	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Mary E. Medlock</i> <b>Mary E. Medlock</b> <b>Feb. 15, 2005</b> <b>850-718-2610</b>					