


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90032 050 ****61.25

DOCUMENT # N95000005387					
1. Entity Name JACKSON COUNTY TEEN COURT, INC.					
Principal Place of Business 4440 LAFAYETTE ST # E MARIANNA, FL 32446 US			Mailing Address 4440 LAFAYETTE ST # E MARIANNA, FL 32446 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3362027	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SIMPSON, ELIZABETH 4444 LAFAYETTE ST MARIANNA, FL 32446			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VPD NAME JOHNSON, SHERRI STREET ADDRESS 2903 JEFFERSON STREET CITY-ST-ZIP MARIANNA, FL 32446	<input checked="" type="checkbox"/> Delete		TITLE President NAME Sherrri Johnson STREET ADDRESS PO Box 5958 CITY-ST-ZIP Marianna, FL 32447	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME LANIER, JUDY STREET ADDRESS PO BOX 764 CITY-ST-ZIP MARIANNA, FL 32447	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME MEDLOCK, MARY E STREET ADDRESS 4250 HOSPITAL DRIVE CITY-ST-ZIP MARIANNA, FL 32446	<input checked="" type="checkbox"/> Delete		TITLE Treasurer NAME Margie Doster STREET ADDRESS 4440 Putnam St CITY-ST-ZIP Marianna, FL 32446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME TOLIVAR, RACHEL STREET ADDRESS PO BOX 1608 CITY-ST-ZIP MARIANNA, FL 32447	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME Jason Guethler STREET ADDRESS PO Box 976 CITY-ST-ZIP Marianna, FL 32447	<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	
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 exemptions contained in Chapter 119, 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.					
SIGNATURE: <u>Sylvia S. Henry, Director</u> 04/29/08 (850) 526-4496					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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