

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005387

FILED
Feb 19, 2009
Secretary of State

Entity Name: JACKSON COUNTY TEEN COURT, INC.

Current Principal Place of Business:

4440 LAFAYETTE ST
E
MARIANNA, FL 32446 US

New Principal Place of Business:

Current Mailing Address:

4440 LAFAYETTE ST
E
MARIANNA, FL 32446 US

New Mailing Address:

FEI Number: 59-3362027 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIMPSON, ELIZABETH
4444 LAFAYETTE ST
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

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: P () Delete
Name: JOHNSON, SHERRI
Address: PO BOX 5958
City-St-Zip: MARIANNA, FL 32447

Title: S () Delete
Name: LANIER, JUDY
Address: PO BOX 764
City-St-Zip: MARIANNA, FL 32447

Title: T () Delete
Name: DOSLER, MARGIE
Address: 4440 PUTNAM ST
City-St-Zip: MARIANNA, FL 32446

Title: VPD () Delete
Name: GUETTLER, JASON
Address: PO BOX 976
City-St-Zip: MARIANNA, FL 32447

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JOHNSON, SHERYL
Address: PO BOX 5958
City-St-Zip: MARIANNA, FL 32447

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: DOSTER, MARGIE
Address: 4440 PUTNAM ST
City-St-Zip: MARIANNA, FL 32446

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SHERYL JOHNSON

PRES

02/19/2009

Electronic Signature of Signing Officer or Director

Date