2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 02, 2004 8:00 am DOCUMENT # N96000003916 **Secretary of State** 1. Entity Name 03-02-2004 90009 009 ****70.00 WASHINGTON COUNTY TEEN COURT, INC. . Principal Place of Business Mailing Address 680 2ND ST PO BOX 30 ROOM #22 CHIPLEY FL 32428 CHIPLEY FL 32428 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE Applied For City & State City & State 4. FEI Number 59-3406334 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Ø Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHEPARD, RUDOLPH C JR O. Box Number is Not Acceptable) 1293 JACKSON AVE **BLDG 300** CHIPLEY FL 32428 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. 9. Election Campaign Financing Make Check Pavable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change ☐ Addition FINCH, BARBARA M NAME NAME P.O. BOX 590 STREET ADDRESS STREET ADDRESS CHIPLEY FL 32428 CITY-ST-ZIP CITY-ST-ZIP Preasured Vice Chair VD Delete TITLE Change ☐ Addition TITLE Luke Taylor HERBERT, PETER NAME NAME 1331 SOUTH BLVD P. O. BOX 590 STREET ADDRESS STREET ADDRESS CHIPLEY FL 32428 CITY-ST-ZIP CITY-ST-ZIP Chipley, Fl. 32428 Delete Change ☐ Addition TITLE TITLE SHEPARD, RUDOLPH C JR NAME NAME indair P.O. BOX 590 STREET ADDRESS STREET ADDRESS CHIPLEY FL 32428 CITY-ST-ZIF CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE DAVIS, TABITHA NAME NAME 3605 ROCHE AVE STREET ADDRESS STREET ADDRESS VERNON FL 32462 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

City-ST-ZIP

Date Daytime Phone #

FILED