


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2006 8:00 am**  
**Secretary of State**

08-02-2006 90003 024 \*\*\*\*61.25

<b>DOCUMENT # N96000003916</b> 1. Entity Name WASHINGTON COUNTY TEEN COURT, INC.					
Principal Place of Business 680 2ND ST ROOM #22 CHIPLEY, FL 32428			Mailing Address PO BOX 30 CHIPLEY, FL 32428 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3406334	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HILL, PEGGY H 707 SINCLAIR ST. CHIPLEY, FL 32428			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINCH, BARBARA M P.O. BOX 590 CHIPLEY, FL 32428	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Olin Gilbert 757 Hoyt St. Chipley, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP VC TAYLOR, LUKE PO BOX 590 CHIPLEY, FL 32428		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP VC Justin Jenkins 1535 Brickyard Rd. Chipley, FL 32428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP T HILL, PEGGY H 73 SINCLAIR ST. CHIPLEY, FL 32428		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP S Peggy Hill 737 Sinclair Rd. Chipley, FL 32428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD DAVIS, TABITHA 3605 ROCHE AVE VERNON, FL 32462		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP T Vicky Hancock 690 New Prospect Rd. Chipley, FL 32428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	



07192006 Chg-NP CR2E037 (4/06)

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:** *Vicky Hancock* *Vicky Hancock* *8/01/06* *638-8088*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #