


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2007 8:00 am**  
**Secretary of State**

07-06-2007 90001 007 \*\*\*\*70.00

<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
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2. Principal Place of Business - No P.O. Box # <i>1388 North Railroad Ave</i>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Chipley, Florida</i>	City & State
Zip <i>32428</i>	Country <i>USA</i>



07052007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3406334	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
HILL, PEGGY H 707 SINCLAIR ST. CHIPLEY, FL 32428	

7. Name and Address of New Registered Agent	
Name <i>Genevelyn R. Brown</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>1388 N. Railroad Avenue</i>	
City <i>Chipley</i>	FL Zip Code <i>32428</i>

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 <i>Genevelyn R. Brown</i>	DATE <i>7/5/07</i>

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</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>
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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	Chair Angia Morris 3136 Highway 277 Vernon, Florida 32462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	Vice Chair Olin Gilbert 652 3rd Street Chipley, Florida 32428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	Treasurer Vicky Hancock 690 New Prospect Road Chipley, Florida 32428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	Secretary Beth Taylor 652 3rd Street Chipley, Florida 32428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLIN, GILBERT 757 HOYT ST CHIPLEY, FL 32428 <input checked="" 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	VC JENKINS, JUSTIN 1835 BRICKYARD RD CHIPLEY, FL 32428 <input checked="" 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: <i>Genevelyn R. Brown</i>	DATE <i>7/5/07</i> (850)638-8088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR