

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 08, 2004  
Secretary of State**

DOCUMENT# N97000003465

Entity Name: JUST BETWEEN TEENS, INC.

**Current Principal Place of Business:**

3271 TAMIAMI TRAIL #C  
PORT CHARLOTTE, FL 339528032 US

**New Principal Place of Business:**

4424 TATUM ST. SUITE A  
PORT CHARLOTTE, FL 33948 US

**Current Mailing Address:**

3271 TAMIAMI TRAIL #C  
PORT CHARLOTTE, FL 339528032 US

**New Mailing Address:**

4424 TATUM ST SUITE A  
PORT CHARLOTTE, FL 33948 US

FEI Number: 65-0800323      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MACWILLIAMS, JUDITH D  
18436 MEYER AVE  
PORT CHARLOTTE, FL 33948 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: D ( ) Delete  
Name: MULVEY, JOHN  
Address: 3271 TAMIAMI TR #C  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D ( ) Delete  
Name: DUFFY, BERNARD  
Address: 1154 STRASBURG CT  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: DP ( ) Delete  
Name: GOGGIN, JOSEPH  
Address: 132 SW GRAHAM SR  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D ( ) Delete  
Name: HAYMANS, KENTON H  
Address: 99 NESBIT ST  
City-St-Zip: PUNTA GORDA, FL 33951

Title: V ( ) Delete  
Name: MACWILLIAMS, JUDY  
Address: 18436 MEYER AVE  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: DT ( ) Delete  
Name: HORNER, MICHAEL J  
Address: 422 MADRID BLVD  
City-St-Zip: PUNTA GORDA, FL 39500

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MULVEY, JOHN  
Address: 4424 TATUM ST. SUITE A  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: REV. DR. JOHN J. MULVEY

DIR.

07/08/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date