

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004502

FILED
Jan 02, 2008
Secretary of State

Entity Name: THE JUVENILE TRANSITION CENTER, INC.

Current Principal Place of Business:

1901 N SEACREST BLVD
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4102
BOYNTON BEACH, FL 33424

New Mailing Address:

FEI Number: 65-0770795 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MINGO-MCKOY, STEPHANIE
P. O. BOX 4102
BOYNTON BEACH, FL 33424 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: SD () Delete
Name: MALONEY, PRISCILLA B
Address: 87 CITRUS PARK LANE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: CD () Delete
Name: BLAKE, VERNON L
Address: 84 BAYTREE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: P () Delete
Name: MINGO-MCKOY, STEPHANIE
Address: 69 CITRUS PARK LANE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TD () Delete
Name: PEREIRA, TERRENCE SR.
Address: 7692 COLONY LAKE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: MALONEY, PRISCILLA B
Address: P. O. BOX 4102
City-St-Zip: BOYNTON BEACH, FL 33424

Title: CD (X) Change () Addition
Name: BLAKE, VERNON L
Address: P. O. BOX 4102
City-St-Zip: BOYNTON BEACH, FL 33424

Title: P (X) Change () Addition
Name: MINGO-MCKOY, STEPHANIE
Address: P. O. BOX 4102
City-St-Zip: BOYNTON BEACH, FL 33424

Title: TD (X) Change () Addition
Name: PEREIRA, TERRENCE SR.
Address: P. O. BOX 4102
City-St-Zip: BOYNTON BEACH, FL 33424

Title: D () Change (X) Addition
Name: ELWOOD, ANTON REV.
Address: P. O. BOX 4102
City-St-Zip: BOYNTON BEACH, FL 33424

Title: D () Change (X) Addition
Name: REED-JAMES, CHARMAINE MRS
Address: P. O. BOX 4102
City-St-Zip: BOYNTON BEACH, FL 33424

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: STEPHANIE MINGO-MCKOY

P

01/02/2008

Electronic Signature of Signing Officer or Director

Date