

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004502

FILED
Jan 06, 2010
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 244102
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 244102
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: TD
Name: MALONEY, PRISCILLA B
Address: P. O. BOX 244102
City-St-Zip: BOYNTON BEACH, FL 33424

Title: D
Name: BLAKE, VERNON L
Address: P. O. BOX 244102
City-St-Zip: BOYNTON BEACH, FL 33424

Title: P
Name: MCKOY, STEPHANIE
Address: P. O. BOX 244102
City-St-Zip: BOYNTON BEACH, FL 33424

Title: CD
Name: PEREIRA, TERRENCE SR.
Address: P. O. BOX 244102
City-St-Zip: BOYNTON BEACH, FL 33424

Title: D
Name: ELWOOD, ANTON REV.
Address: P. O. BOX 244102
City-St-Zip: BOYNTON BEACH, FL 33424

Title: SD
Name: JAMES, CHARMAINE MRS
Address: P. O. BOX 244102
City-St-Zip: BOYNTON BEACH, FL 33424

I hereby 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 all other like empowered.

SIGNATURE: STEPHANIE M. MCKOY

P

01/06/2010

Electronic Signature of Signing Officer or Director

Date