


FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION REINSTATEMENT REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

00 APR 24 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000006182

1. Corporation Name
FRIENDS OF TEEN COURT, INC.

Principal Place of Business
**108 W RICH AVE
DELAND FL 32720**

Mailing Address
**108 W RICH AVE
DELAND FL 32720**

2. Principal Place of Business 21 57 NICHOLAS COURT	2a. Mailing Address 26 57 NICHOLAS COURT	3. Date Incorporated or Qualified 10/31/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State ORMOND BEACH, FLORIDA	28 City & State ORMOND BEACH, FLORIDA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 32176	25 Country U.S.A.	29 Zip 32176
	30 Country U.S.A.	

9. Name and Address of Current Registered Agent

DITSLEER, CHRISTOPHER R
108 W RICH AVE
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name: **REBECCA M. BECKER**
82 Street Address (P.O. Box Number is Not Acceptable)
57 NICHOLAS COURT
83
84 City **ORMOND BEACH** **FL** 85 Zip Code **32176**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Rebecca M. Becker* **02/17/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, MICHAEL	1.2 NAME	
STREET ADDRESS	112 ORANGE AVE STE A	1.3 STREET ADDRESS	7000003241597-1
CITY-ST-ZIP	DAYTONA BEACH FL 32114	1.4 CITY-ST-ZIP	-05/08/00--01003--001
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, ANN	2.2 NAME	PHILLIPS, ANN
STREET ADDRESS	444 SEABREEZE BLVD 5TH FL	2.3 STREET ADDRESS	8 TURKEY CREEK PATH
CITY-ST-ZIP	DAYTONA BEACH FL 32118	2.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELKIND, DARREN	3.2 NAME	RICHARD J. CAMPUTARO, CPA
STREET ADDRESS	431 E NEW YORK AVE	3.3 STREET ADDRESS	220 S. RIDGEWOOD AVENUE
CITY-ST-ZIP	DELAND FL 32720	3.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DITSLEER, CHRISTOPHER R.	4.2 NAME	KELLIE A. NIELAN
STREET ADDRESS	108 W RICH AVE	4.3 STREET ADDRESS	469 RIVERSIDE DRIVE
CITY-ST-ZIP	DELAND FL 32720	4.4 CITY-ST-ZIP	ORMOND BEACH, FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAMBRANO, RAUL	5.2 NAME	REBECCA M. BECKER
STREET ADDRESS	101 N WOODLAND BLVD	5.3 STREET ADDRESS	57 NICHOLAS COURT
CITY-ST-ZIP	DELAND FL 32720	5.4 CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACCONNELL, JOHN	6.2 NAME	JAMES C. ZACHARIAS
STREET ADDRESS	101 N WOODLAND BLVD	6.3 STREET ADDRESS	192 N. EUCLID
CITY-ST-ZIP	DELAND FL 32720	6.4 CITY-ST-ZIP	LAKE HELEN, FL 32744

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rebecca M. Becker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/17/00
Date

(904) 672-4365
Daytime Phone #

CR12037 (11/9)