

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006182

FILED
May 10, 2004
Secretary of State**Entity Name:** FRIENDS OF TEEN COURT, INC.**Current Principal Place of Business:**57 NICHOLAS COURT
ORMOND BEACH, FL 32176**New Principal Place of Business:****Current Mailing Address:**57 NICHOLAS COURT
ORMOND BEACH, FL 32176**New Mailing Address:****FEI Number:** 59-3658565**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BECKER, REBECCA M
57 NICHOLAS COURT
ORMOND BEACH, FL 32176**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: PD () Delete
Name: BECKER, MICHAEL
Address: 112 ORANGE AVE STE A
City-St-Zip: DAYTONA BEACH, FL 32114

Title: SD () Delete
Name: JONES, PATRICIA A
Address: 562 GERTRUDE LANE
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: TD () Delete
Name: FELBER, PAULA G
Address: 5919 JOHN ANDERSON DRIVE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VD () Delete
Name: NIELAN, KELLIE A
Address: 469 RIVERSIDE DRIVE
City-St-Zip: ORMOND BEACH, FL

Title: D (X) Delete
Name: BECKER, REBECCA M
Address: 57 NICHOLAS COURT
City-St-Zip: ORMOND BEACH, FL 32176

Title: D (X) Delete
Name: ZACHARIAS, JAMES C
Address: 192 N. EUCLID
City-St-Zip: LAKE HELEN, FL 32744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NIELAN, KELLIE
Address: 469 RIVERSIDE DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

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

Title: TD (X) Change () Addition
Name: FELBER, PAULA G
Address: 5919 JOHN ANDERSON HWY.
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VD (X) Change () Addition
Name: BECKER, REBECCA
Address: 57 NICHOLAS COURT
City-St-Zip: ORMOND BEACH, FL 32176

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: PAULA G. FELBER

TD

05/10/2004

Electronic Signature of Signing Officer or Director

Date