

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000006182

1. Entity Name

FRIENDS OF TEEN COURT, INC.



Principal Place of Business

57 NICHOLAS COURT
ORMOND BEACH, FL 32176

Mailing Address

57 NICHOLAS COURT
ORMOND BEACH, FL 32176



01272005 No Chg-NP

CR2E037 (10/03)

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4. FEI Number

59-3658565

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BECKER, REBECCA M
57 NICHOLAS COURT
ORMOND BEACH, FL 32176

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NIELAN, KELLIE
STREET ADDRESS	469 RIVERSIDE DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	SD
NAME	JONES, PATRICIA A
STREET ADDRESS	562 GERTRUDE LANE
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119
TITLE	TD
NAME	FELBER, PAULA G
STREET ADDRESS	5919 JOHN ANDERSON HWY.
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	VD
NAME	BECKER, REBECCA
STREET ADDRESS	57 NICHOLAS COURT
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paula E. Felber*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05

Date

386-672-4365

Daytime Phone #