

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29044

**Entity Name:** TEEN COURT OF SARASOTA, INC.

**Current Principal Place of Business:**

101 S WASHINGTON BLVD.  
STE 301  
SARASOTA, FL 34236

**Current Mailing Address:**

P. O. BOX 48927  
SARASOTA, FL 34230 US

**FEI Number:** 65-0108304

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

WALKER, KIMBERLY P  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            BALAITY, JESSE R  
Address        P. O. BOX 48927  
City-State-Zip: SARASOTA FL 34230

Title            S  
Name            BUTLER, CHRISTINE  
Address        P. O. BOX 48927  
City-State-Zip: SARASOTA FL 34230

Title            VP  
Name            JOELS, EMMA J  
Address        P. O. BOX 48927  
City-State-Zip: SARASOTA FL 34230

Title            MD  
Name            SELF, M. KATHLEEN  
Address        P. O. BOX 48927  
City-State-Zip: SARASOTA FL 34230

Title            D  
Name            WALKER, KIMBERLY P  
Address        P. O. BOX 48927  
City-State-Zip: SARASOTA FL 34230

Title            T  
Name            MENCHINGER, THOMAS A CPA  
Address        P. O. BOX 48927  
City-State-Zip: SARASOTA FL 34230

*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:** M. KATHLEEN SELF

**DIRECTOR**

**02/07/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date