

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008754

Entity Name: SCHS IB PARTNERSHIP, INC.**Current Principal Place of Business:**4691 GALLAGHER ROAD
DOVER, FL 33527**Current Mailing Address:**4691 GALLAGHER ROAD
DOVER, FL 33527 US**FEI Number: 80-0174880****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAMP, ROBERTA BOBBI
4691 GALLAGHER ROAD
DOVER, FL 33527 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	SECRETARY
Name	LEECH, MIRIAM
Address	4530 RIVER CLOSE
City-State-Zip:	VALRICO FL 33596

Title	PRESIDENT
Name	CAMP, ROBERTA BOBBI
Address	3717 QUAIL NESTING PLACE
City-State-Zip:	PLANT CITY FL 33565

Title	TREASURER
Name	TIBBETTS, HEATHER
Address	2409 BUCKHORN SCHOOL COURT
City-State-Zip:	VALRICO FL 33594

Title	VP
Name	HILBER, KAREN
Address	3120 RED LION DRIVE
City-State-Zip:	VALRICO FL 33596

Title	VP
Name	GAGNON, TERESA
Address	6110 DOWNING STREET
City-State-Zip:	DOVER FL 33527

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: ROBERTA BOBBI CAMP**PRESIDENT****04/23/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date