

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002981

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: BAY HAVEN CHARTER ACADEMY, INC.

## Current Principal Place of Business:

2501 HAWKS LANDING BLVD  
PANAMA CITY, FL 32405

## New Principal Place of Business:

## Current Mailing Address:

2501 HAWKS LANDING BLVD  
PANAMA CITY, FL 32405

## New Mailing Address:

FEI Number: 65-1121807

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HANEY, SCOTTI  
2501 HAWKS LANDING BLVD  
PANAMA CITY, FL 32405 US

## 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: D ( ) Delete  
Name: WOODRICK, WALTER  
Address: 200 HARRISON AVE  
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete  
Name: HOWELL, LEWIS  
Address: 100 BECKRICH RD SUITE 200  
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: D ( ) Delete  
Name: SMITH, GEORGE  
Address: 212 SUDDUTH PLACE  
City-St-Zip: PANAMA CITY, FL 32404

Title: D ( ) Delete  
Name: BRANTLEY-ADCOCK, TRACEY  
Address: 4405 PINE TREE LANE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D ( ) Delete  
Name: THOMPSON, TODD  
Address: 211 VIRGINIA AVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D ( ) Delete  
Name: HARRISON, REX  
Address: 1615 HARRISON AVE  
City-St-Zip: PANAMA CITY, FL 32405

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WOODRICK, WALTER  
Address: 2101 NORTHSIDE DR. UNIT 101  
City-St-Zip: PANAMA CITY, FL 32405

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

Title: D (X) Change ( ) Addition  
Name: BROWN, KAREN  
Address: 2408 GRAND HARBOR DR  
City-St-Zip: PANAMA CITY, FL 32408

Title: D (X) Change ( ) Addition  
Name: BRYON, CHARLES  
Address: 1508 THURSO RD  
City-St-Zip: LYNN HAVEN, FL 32444

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

Title: D (X) Change ( ) Addition  
Name: JOHNSTONE, TRACY  
Address: 909 COLLEGE BLVD  
City-St-Zip: LYNN HAVEN, FL 32444

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SCOTTI HANEY

RA

01/04/2007

Electronic Signature of Signing Officer or Director

Date