

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002981

FILED
Jan 22, 2008
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: 2101 NORTHSIDE DR. UNIT 101
City-St-Zip: PANAMA CITY, FL 32405

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

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

Title: D () Delete
Name: BRYON, CHARLES
Address: 1508 THURSO RD
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: JOHNSTONE, TRACY
Address: 909 COLLEGE BLVD
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BENNETT, NEEL
Address: 5218 FINISTERE DR
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: D (X) Change () Addition
Name: RINEHART, WADE
Address: 3202 PLEASANT HILL RD
City-St-Zip: LYNN HAVEN, FL 32444

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

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

Title: D (X) Change () Addition
Name: TUCKER, CHUCK
Address: 603 KRISTANNA DR
City-St-Zip: PANAMA CITY, FL 32405

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

I hereby certify that the information supplied with this filing does not qualify 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

D

01/22/2008

Electronic Signature of Signing Officer or Director

Date