2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002981

FILED Jan 09, 2009 Secretary of State

Entity Name: BAY HAVEN CHARTER ACADEMY, INC.

Current Principal Place of Business: New Principal Place of Business: 2501 HAWKS LANDING BLVD PANAMA CITY, FL 32405 **Current Mailing Address: New Mailing Address:** 2501 HAWKS LANDING BLVD PANAMA CITY, FL 32405 FEI Number: 65-1121807 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HANEY, SCOTTI 2501 HÁWKS LANDING BLVD PANAMA CITY, FL 32405 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BENNETT, NEEL Name: Name: 5218 FINISTERE DR Address: Address: City-St-Zip: PANAMA CITY BEACH, FL 32408 City-St-Zip: Title: () Delete Title: () Change () Addition Name: RINEHART, WADE Name: Address: 3202 PLEASANT HILL RD Address: City-St-Zip: LYNN HAVEN, FL 32444 City-St-Zip: Title: () Delete Title: () Change () Addition BROWN, KAREN Name: Name: 2408 GRAND HARBOR DR Address: Address: City-St-Zip: PANAMA CITY, FL 32408 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: BRYON, CHARLES Name: JOHN, MEYER 6810 COUNTY ROAD 2311 Address: 1508 THURSO RD Address: City-St-Zip: LYNN HAVEN, FL 32444 City-St-Zip: PANAMA CITY, FL 32404 Title: () Delete Title: () Change () Addition TUCKER, CHUCK Name: Name: 603 KRISTANNA DR Address: Address: City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip: Title: () Delete Title: (X) Change () Addition JOHNSTONE, TRACY SANDY, PORTER Name: Name: Address: 909 COLLEGE BLVD Address: 1313 PLEASANT HILL RD LYNN HAVEN, FL 32444 LYNN HAVEN, FL 32444 City-St-Zip: 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 01/09/2009