
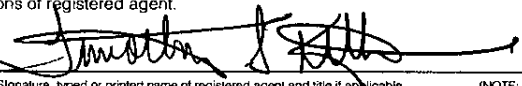
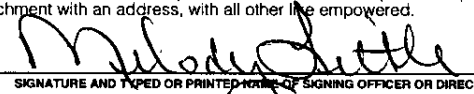


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

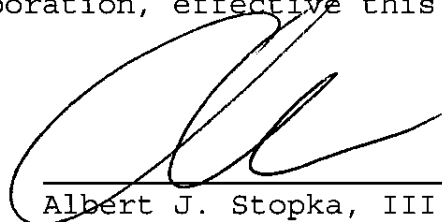
02-06-2004 90036 006 \*\*\*\*61.25

<b>DOCUMENT # N01000005451</b> 1. Entity Name <b>BAY HAVEN PARENT TEACHER STUDENT PARTNERSHIP, INC.</b>					
Principal Place of Business <b>922 HARRISON AVE PANAMA CITY, FL 32401</b>			Mailing Address <b>PO BOX 300 LYNN HAVEN, FL 32444</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number <b>59-3736489</b>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>STOPKA, ALBERT J III ESQ</b> <b>108 MOSLEY DR</b> <b>LYNN HAVEN, FL 32444</b>					
7. Name and Address of New Registered Agent Name <b>Tim Kitts</b> Street Address (P.O. Box Number is Not Acceptable) <b>922 Harrison Ave</b> City <b>Panama City</b> FL Zip Code <b>32444</b>					
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE <b>2/5/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE	<b>President</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>Michelle Ferrell P.O. Co.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FITZGERALD, MARY ELLEN</b>		NAME	<b>860 Premier Drive</b>	
STREET ADDRESS	<b>1533 SANTA ANITA DR</b>		STREET ADDRESS	<b>Panama City, FL 32401</b>	
CITY-ST-ZIP	<b>LYNN HAVEN, FL 32444</b>		CITY-ST-ZIP	<b>Panama City, FL 32401</b>	
TITLE	<b>President</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>Joanna Ford P.O. Co.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORD, JOANNA</b>		NAME	<b>712 Beachcomber Drive</b>	
STREET ADDRESS	<b>712 BEACHOUNTER DR</b>		STREET ADDRESS	<b>Lynn Haven, FL 32444</b>	
CITY-ST-ZIP	<b>LYNN HAVEN, FL 32444</b>		CITY-ST-ZIP	<b>Lynn Haven, FL 32444</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>Stacy Brannen VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATTON, SHERIE</b>		NAME	<b>9133 Kingswood Rd</b>	
STREET ADDRESS	<b>1402 DUNNETT RD</b>		STREET ADDRESS	<b>Panama City, FL 32409</b>	
CITY-ST-ZIP	<b>LYNN HAVEN, FL 32444</b>		CITY-ST-ZIP	<b>Panama City, FL 32409</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>Cynthia Farmer VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DELANOY, APRIL</b>		NAME	<b>4423 Fletcher Street</b>	
STREET ADDRESS	<b>1906 SUTHERLAND RD</b>		STREET ADDRESS	<b>Panama City, FL 32405</b>	
CITY-ST-ZIP	<b>LYNN HAVEN, FL 32444</b>		CITY-ST-ZIP	<b>Panama City, FL 32405</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<b>Wendy Mansmi S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TIM, KITTs</b>		NAME	<b>7121 Ceraway Lane</b>	
STREET ADDRESS	<b>2002 PENTLAND RD</b>		STREET ADDRESS	<b>Southport, FL 32409</b>	
CITY-ST-ZIP	<b>LYNN HAVEN, FL 32444</b>		CITY-ST-ZIP	<b>Southport, FL 32409</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<b>Melody Little T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ELIZABETH, HANEY</b>		NAME	<b>2202 Sutherland Rd</b>	
STREET ADDRESS	<b>1806 CONNECTICUT AVE</b>		STREET ADDRESS	<b>Lynn Haven, FL 32444</b>	
CITY-ST-ZIP	<b>LYNN HAVEN, FL 32444</b>		CITY-ST-ZIP	<b>Lynn Haven, FL 32444</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other line empowered.					
SIGNATURE:  Melody Little 2-4-04 850-265-8415 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Attachment  
24008695  
NO1000005451

**RESIGNATION**

The undersigned, Albert J. Stopka, III, hereby tenders his resignation as Registered Agent of Bay Haven Parent Teacher Student Partnership, Inc., a Florida corporation, effective this 20th day of January, 2004.



Albert J. Stopka, III

Attachment  
24008695  
NO1000005451

**List of Officers**

Joanna Ford Co-President  
712 Beachcomber Drive  
Lynn Haven, FL 32444

Dr. Tim Kitts  
2202 Pentland Dr.  
Lynn Haven, FL 32444

Michelle Ferrell Co-President  
860 Premier Drive  
Panama City, FL 32401

Scotti Haney Director  
1806 Connecticut Ave  
Lynn Haven, FL 32444

Stacey Brannen Vice President  
9133 Kingswood Road  
Panama City, FL 32409

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Cynthia Farner Vice President  
4423 Fletcher Street  
Panama City, FL 32405

Wendy Mansini  
7121 Caraway Lane  
Southport, FL 32409

Melody Little Treasurer  
2202 Sutherland Road  
Lynn Haven, FL 32444

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