

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90111 047 \*\*\*\*61.25

**DOCUMENT # NO1000005451**

1. Entity Name

**BAY HAVEN PARENT TEACHER STUDENT PARTNERSHIP, IN C.**



Principal Place of Business

**922 HARRISON AVE  
PANAMA CITY FL 32401**

Mailing Address

**PO BOX 300  
LYNN HAVEN FL 32444**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3736489**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STOPKA, ALBERT J III ESQ.  
108 MOSLEY DR  
LYNN HAVEN FL 32444**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **SHANNON, STOPKA**  
STREET ADDRESS **2202 ANDREWS ROAD**  
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Mary Ellen Fitzgerald**  
STREET ADDRESS **1533 Santa Anita Drive**  
CITY-ST-ZIP **Lynn Haven, FL 32444**

TITLE **VD** ☒ Delete  
NAME **LORIE, JONES HOUGHTON**  
STREET ADDRESS **2000 ARGYLL CT.**  
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **VD** ☒ Change ☐ Addition  
NAME **Joanna Ford**  
STREET ADDRESS **712-Beachcomber Dr.**  
CITY-ST-ZIP **Lynn Haven, FL 32444**

TITLE **SD** ☒ Delete  
NAME **DEBBIE, CRAFT**  
STREET ADDRESS **2828 LONGLEAF RD**  
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **SD** ☒ Change ☐ Addition  
NAME **Sherrie Patton**  
STREET ADDRESS **1402 Dunnett Rd**  
CITY-ST-ZIP **Lynn Haven, FL 32444**

TITLE **TD** ☒ Delete  
NAME **SHARI, BESHEAR**  
STREET ADDRESS **506 KRYSTAL LANE**  
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **TD** ☒ Change ☐ Addition  
NAME **April Delaney**  
STREET ADDRESS **1906 Sutherland Rd.**  
CITY-ST-ZIP **Lynn Haven FL 32444**

TITLE **D** ☐ Delete  
NAME **TIM, KITTS**  
STREET ADDRESS **2002 PENTLAND RD**  
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **ELIZABETH, HANEY**  
STREET ADDRESS **1806 CONNECTICUT AVE**  
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 like empowered.

SIGNATURE: Mary Ellen Fitzgerald **REQUIRED** Mary Ellen Fitzgerald

850/913-3463

CR2E037 (10/02)