

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000006381

1. Entity Name
BHPS - PTO, INC.



FILED

2008 APR 30 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302008 Chg-NP CR2E037 (12/06)

4. FEI Number
31-1806580

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOVE, JOYCE S
203 N GADSDEN ST, #3
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RAMOS N, NILSA	
STREET ADDRESS	2349 ARMISTEAD RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOMASUNDARAM, THAY	
STREET ADDRESS	3231 ADDISON LANE	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	T	<input type="checkbox"/> Delete
NAME	THIGPEN, CHRISTINE	
STREET ADDRESS	211 RIDGEWOOD DRIVE	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOUCK, CAROLYN	
STREET ADDRESS	105 SIERRA ROAD	
CITY-ST-ZIP	HAVANA, FL 32333	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAUST, ANDY T	
STREET ADDRESS	2240 ARMISTEAD RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOMASUNDARAM, THAY	
STREET ADDRESS	2321 ADDISON LANE	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STYS, Beth	
STREET ADDRESS	6734 PASADENA DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Singleterry, Tani	
STREET ADDRESS	405 Collinsford Rd.	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08 850 422-2464
Date Daytime Phone #