


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90022 030 ****61.25

DOCUMENT # N02000006682 1. Entity Name BAY HAVEN BOOSTERS, INC.					
Principal Place of Business 922 HARRISON AVENUE PANAMA CITY, FL 32401			Mailing Address 922 HARRISON AVENUE PANAMA CITY, FL 32401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 27-0053164	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SLOAN, TIMOTHY J 427 MCKENZIE AVENUE PANAMA CITY, FL 32401				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAFT, DEBORAH E		NAME	Buttram, Angela W.	
STREET ADDRESS	2828 LONGLEAF ROAD		STREET ADDRESS	3200 State Avenue	
CITY-ST-ZIP	PANAMA CITY, FL 32405		CITY-ST-ZIP	Panama City, FL 32405	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOTH, TAYLOR		NAME	Gerlec, Joe	
STREET ADDRESS	2102 ANDREWS ROAD		STREET ADDRESS	1138 W. 26th Street	
CITY-ST-ZIP	LYNN HAVEN, FL 32444		CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, ALEX		NAME	Portivent, Kim	
STREET ADDRESS	601 WOOD TRAIL		STREET ADDRESS	9012 Kiwi Lane	
CITY-ST-ZIP	PANAMA CITY, FL 32405		CITY-ST-ZIP	Youngstown, FL 32466	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HITCHCOCK, LAIRD		NAME	Riemen, Trish	
STREET ADDRESS	2603 BAYLEAF COURT		STREET ADDRESS	2120 Fox Run	
CITY-ST-ZIP	PANAMA CITY, FL 32405		CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Angela W. Buttram</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Mar. 3, '04 850-215-4810 <small>Date Daytime Phone #</small>		