

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90124 009 ****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**

50029692



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
27-0053164

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SLOAN, TIMOTHY J
427 MCKENZIE AVENUE
PANAMA CITY, FL 32401**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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	D	<input type="checkbox"/> Delete
NAME	BUTTRAM, ANGELA W	
STREET ADDRESS	3200 STATE AVE	
CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE	D	<input type="checkbox"/> Delete
NAME	GERLECZ, JOE	
STREET ADDRESS	1138 W. 26TH ST.	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PORTIVENT, KIM	
STREET ADDRESS	9012 KIWI LANE	
CITY-ST-ZIP	YOUNGSTOWN, FL 32466	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIEMER, TRISH	
STREET ADDRESS	2120 FOX RUN	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sloan, Margaret B.	
STREET ADDRESS	8818 Longleaf Rd.	
CITY-ST-ZIP	Panama City, FL 32405	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christian, Sally	
STREET ADDRESS	222 S. Cove Terrace	
CITY-ST-ZIP	Panama City, FL 32401	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Qualls, William E.	
STREET ADDRESS	1021 Highway 2297	
CITY-ST-ZIP	Panama City, FL 32404	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gilson, Sharon L.	
STREET ADDRESS	6818 Forsythe Dr.	
CITY-ST-ZIP	Panama City, FL 32404	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 17, 2005 850-215-4810