

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90214 021 ****61.25

DOCUMENT # N17176

1. Entity Name
**BAY HAVEN SCHOOL OF BASICS PLUS PARENT
TEACHER ORGANIZATION, INC.**



Principal Place of Business
**2901 W. TAMIAMI CIRCLE
SARASOTA, FL 34234**

Mailing Address
**2901 W. TAMIAMI CIRCLE
SARASOTA, FL 34234**

60001400



01092007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0010101

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HESTER, JACKIE
2901 WEST TAMIAMI CIRCLE
SARASOTA, FL 34234**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HESTER, JACKIE L
STREET ADDRESS 2901 WEST TAMIAMI CIRCLE
CITY-ST-ZIP SARASOTA, FL 34234

TITLE VD
NAME RUSSO, LISA
STREET ADDRESS 2901 WEST TAMIAMI CIRCLE
CITY-ST-ZIP SARASOTA, FL 34234

TITLE TR
NAME WYNNE, MICHELLE
STREET ADDRESS 2901 WEST TAMIAMI CIRCLE
CITY-ST-ZIP SARASOTA, FL 34234

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

1.9.07 941 358-5900