

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 13, 2007
Secretary of State

DOCUMENT# N17176

Entity Name: BAY HAVEN SCHOOL OF BASICS PLUS PARENT TEACHER ORGANIZATION, INC.**Current Principal Place of Business:**2901 W. TAMIAMI CIRCLE
SARASOTA, FL 34234**New Principal Place of Business:****Current Mailing Address:**2901 W. TAMIAMI CIRCLE
SARASOTA, FL 34234**New Mailing Address:****FEI Number:** 65-0010101**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HESTER, JACKIE
2901 WEST TAMIAMI CIRCLE
SARASOTA, FL 34234 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: HESTER, JACKIE L
Address: 2901 WEST TAMIAMI CIRCLE
City-St-Zip: SARASOTA, FL 34234**Title:** VD () Delete
Name: RUSSO, LISA
Address: 2901 WEST TAMIAMI CIRCLE
City-St-Zip: SARASOTA, FL 34234**Title:** TR () Delete
Name: WYNNE, MICHELLE
Address: 2901 WEST TAMIAMI CIRCLE
City-St-Zip: SARASOTA, FL 34234**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP () Change (X) Addition
Name: CITA, HOLLY J
Address: 2901 WEST TAMIAMI CIRCLE
City-St-Zip: SARASOTA, FL 34234

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOLLY CITA

VP

07/13/2007

Electronic Signature of Signing Officer or Director

Date