


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra Br. Northam, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002257 (1)**

1. Corporation Name

**INTERNATIONAL BACCALAUREATE FOUNDATION OF CHOCTA
WHATCHEE HIGH SCHOOL, INC.**



Principal Place of Business 110 N.W. RACETRACK ROAD FORT WALTON BEACH FL 32547		Mailing Address 110 N.W. RACETRACK ROAD FORT WALTON BEACH FL 32547		3. Date Incorporated or Qualified 04/23/1996	
				4. FEI Number 59-3411455	
				Applied For Not Applicable	
2. Principal Place of Business 21		2a. Mailing Address 26		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State 23		City & State 28		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip 24		Zip 29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country 25		Country 30			

9. Name and Address of Current Registered Agent FLEET, H. BART 1201 EGLIN PARKWAY SHALIMAR FL 32579				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLEET, TISHA			1.2 NAME			
STREET ADDRESS	657 FAIRWAY AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	FORT WALTON BEACH FL 32547			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NABORS, BONNIE			2.2 NAME			
STREET ADDRESS	17 LONGWOOD DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	SHALIMAR FL 32579			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAJK, BILLY			3.2 NAME			
STREET ADDRESS	243 YACHT CLUB DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	FORT WALTON BEACH FL			3.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DARNELL, SHARILYN			4.2 NAME			
STREET ADDRESS	1 LONGWOOD DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	SHALIMAR FL			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	v/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HAMBY, DENNIS S			5.2 NAME	LISA MADDEN		
STREET ADDRESS	7 DORAL DRIVE			5.3 STREET ADDRESS	321 NE YACHT CLUB DRIVE		
CITY-ST-ZIP	SHALIMAR FL 32579			5.4 CITY-ST-ZIP	FT. WALTON BEACH, FL 32548		
TITLE	SD	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DELAUNE, BETSY			6.2 NAME			
STREET ADDRESS	643 N.E. MERIONETH COURT			6.3 STREET ADDRESS			
CITY-ST-ZIP	FORT WALTON BEACH FL			6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]

CR2E037 (1097)

T/D BLACK, FAYE 306 NE YACHT CLUB DRIVE FT. WALTON BEACH, FL 32548	D STEPHENS, HELEN 818 MEADOW LANE FT. WALTON BEACH, FL 32547
D DOHENY, MAUREEN 18 PARADISE POINT ROAD SHALIMAR, FL 32579	D REVILL, SHIRLEY 42 COUNTRY CLUB DRIVE SHALIMAR, FL 32579
D SILVESTER, JANET 46 HUME DRIVE HURLBURT FIELD, FL 32544	D PHILLIPS, JOHN P. O. BOX 1361 - N/A DESTIN, FL 32540
D ABBOTT, CATHY 231 NE YACHT CLUB DRIVE FT. WALTON BEACH, FL 32548	D NEALE, WILLIAM 128 NE EGLIN PARKWAY FT. WALTON BEACH, FL 32548
D MITZI HENLEY 135 TROY CIRCLE FT. WALTON BEACH, FL 32547	D CHRIS GERKIN 107 HANDS COVE LANE SHALIMAR, FL 32579
D CHANDLER, ED 404 BARATARIA LANE FT. WALTON BEACH, FL 32547	D ROSE CARUTH 1911 SQUIRREL PATH FT. WALTON BEACH, FL 32547
D DECOTIS, ANTHONY 1201 N. EGLIN PARKWAY SHALIMAR, FL 32579	D MARY MYERS 6 BAY COVE SHALIMAR, FL 32579
D TINA HILL 105 LAKE LORRAINE CIR. SHALIMAR, FL 32579	D ANN HUTCHINSON 810 BLVD. OF CHAMPIONS SHALIMAR, FL 32579