

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 SEP 30 PM 1:37

DOCUMENT # N96000002257

1. Corporation Name

INTERNATIONAL BACCALAUREATE FOUNDATION OF CHOCTA  
WHATCHEE HIGH SCHOOL, INC.

Principal Place of Business

110 NW RACETRACK ROAD  
FORT WALTON BEACH FL 32547

Mailing Address

110 NW RACETRACK ROAD  
FORT WALTON BEACH FL 32547



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/23/1996

4. FEI Number

59-3411455

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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)

600003006346-9

83

-10/05/99--01101--019

84 City

\*\*\*\*61.25 \*5525025

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

TITLE D ☒ DELETE

NAME FLEET, TISHA  
STREET ADDRESS 657 FAIRWAY AVENUE  
CITY-ST-ZIP FORT WALTON BEACH FL 32547

TITLE D ☒ DELETE

NAME NABORS, BONNIE  
STREET ADDRESS 17 LONGWOOD DRIVE  
CITY-ST-ZIP SHALIMAR FL 32579

TITLE PD ☒ DELETE

NAME HAIK, BILLY  
STREET ADDRESS 243 YACHT CLUB DRIVE  
CITY-ST-ZIP FORT WALTON BEACH FL

TITLE D ☒ DELETE

NAME DARNELL, SHARILYN  
STREET ADDRESS 1 LONGWOOD DRIVE  
CITY-ST-ZIP SHALIMAR FL

TITLE VD ☒ DELETE

NAME MADDEN, LISA  
STREET ADDRESS 321 NE YACHT CLUB DRIVE  
CITY-ST-ZIP FT WALTON BEACH FL 32548

TITLE SD ☒ DELETE

NAME DELAUNE, BETSY  
STREET ADDRESS 643 N.E. MERIONETH COURT  
CITY-ST-ZIP FORT WALTON BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME CHAIR MAHER  
1.3 STREET ADDRESS 871 The Masters Blvd.  
1.4 CITY-ST-ZIP Shalimar, FL 32579

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME SCOTT SMITH  
2.3 STREET ADDRESS 924 The Masters Blvd  
2.4 CITY-ST-ZIP Shalimar, FL 32579

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME DAN JAKVIS  
3.3 STREET ADDRESS 116 Lisa Marie Pl  
3.4 CITY-ST-ZIP Shalimar, FL 32579

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME SARAH POOLE  
4.3 STREET ADDRESS 19 Bay Dr, S.E.  
4.4 CITY-ST-ZIP FT. WALTON BCH, FL 32548

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME KATHY NEWTON  
5.3 STREET ADDRESS 19 DORAL DR  
5.4 CITY-ST-ZIP SHALIMAR, FL 32579

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME BILL NEALE  
6.3 STREET ADDRESS 21 INDIAN BAYOU DR.  
6.4 CITY-ST-ZIP Destin, FL 32541

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, with all other like empowered.

SIGNATURE:

WILLIAM D. NEALE

Date

9-27-99 (250) 244-3880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0012570

CR2E037 (599)