

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90034 033 ****61.25

DOCUMENT # N96000002257 1. Entity Name INTERNATIONAL BACCALAUREATE FOUNDATION OF CHOCTAWHATCHEE 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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent FLEET, H. BART FLEET, SPENCER, MARTIN & KILPATRICK, PA 1104 EGLIN PARKWAY SHALIMAR, FL 32579-0000				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when recertifying)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BENNETT, ANNE <input checked="" type="checkbox"/> Delete 35 MARLBOROUGH RD. SHALIMAR, FL 32579				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LARSON, RHONDA <input type="checkbox"/> Delete 219 YACHT CLUB DR. FORT WALTON BEACH, FL 32548				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV GOUTHRO, STEVE <input checked="" type="checkbox"/> Delete 650 NE FAIRWAY AVE FORT WALTON BEACH, FL 32547				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GORDON, CAROLE <input type="checkbox"/> Delete 23 CARL BRANDT DRIVE SHALIMAR, FL 32579				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SHEPERD, JONATHAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 105 FORT DR. SHALIMAR, FL 32579				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV DEVOE, JAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 53 LAKE LORRAINE CIR. SHALIMAR, FL 32579				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: Jonathan J. Sheperd JONATHAN J. SHEPERD 25 JAN 2005 850-651-8008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Contact Phone #</small>					