2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State
01-17-2006 90258 028 ****61.25

20001223

DOCUMENT # N96000002257

1. Entity Name
INTERNATIONAL BACCALAUREATE FOUNDATION OF CHOCTAWHATCHEE HIGH SCHOOL, INC.

Principal Place of Business	Mailing Address
110 N.W. RACETRACK ROAD FORT WALTON BEACH, FL 32547	110 N.W. RACETRACK ROAD FORT WALTON BEACH, FL 32547

01052006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 59-3411455 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLEET, H. BART FLEET, SPENCER, MARTIN & KILPATRICK, PA 1104 EGLIN PARKWAY SHALIMAR, FL 32579-0000	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 ______________________________

Filing Fee is $61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DT SHEPERD, JONATHAN 105 PORT DRIVE SHALIMAR, FL 32579	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DP LARSON, RHONDA 219 YACHT CLUB DR. FORT WALTON BEACH, FL 32548	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DP KATHERINE JENNINGS 619 NW LAKEVIEW RD FT WALTON BEACH, FL 32547	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DV DEVOE, JAN 53 LAKE LORAINE CIRCLE SHALIMAR, FL 32579	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DV JULIE GETTING 2568 PALM SHORES DR SHALIMAR, FL 32579	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DS GORDON, CAROLE 23 CARL BRANDT DRIVE SHALIMAR, FL 32579	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DS LIZ HAMBLETON 125 NE CLEMENTS FT WALTON BEACH, FL 32548	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

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: Jonathan Sheperd JONATHAN SHEPERD 12 JAN 2006 850-651-8008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR