

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007105

Entity Name: NORTH BAY HAVEN PARENT TEACHER STUDENT PARTNERSHIP, INC.**FILED**
Feb 11, 2014
Secretary of State
CC6331955823**Current Principal Place of Business:**1104A BALBOA AVE
PANAMA CITY, FL 32401**Current Mailing Address:**1104A BALBOA AVE
PANAMA CITY, FL 32401**FEI Number: 27-3145728****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KINARD, MICHELLE G
1104A BALBOA AVE
PANAMA CITY, FL 32401 US*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**Officer/Director Detail :**Title PRES
Name KINARD, MICHELLE G
Address 1607 INVERNESS ROAD
City-State-Zip: LYNN HAVEN FL 32444Title VPV
Name MONCRIEF, JACQUELINE
Address 2429 ROLLINS AVENUE
City-State-Zip: PANAMA CITY FL 32405Title VPC
Name COTTON, RAE
Address 1419 THURSO ROAD
City-State-Zip: LYNN HAVEN FL 32444Title VPF
Name BROTHERTON, EUGENIA
Address 2704 TALON COURT
City-State-Zip: PANAMA CITY FL 32405Title TREA
Name PIKE, HEATHER L
Address 2811 REDTAIL ST
City-State-Zip: PANAMA CITY FL 32405Title SEC
Name CHARETTE, BRANDI
Address 1104A BALBOA AVE
City-State-Zip: PANAMA CITY FL 32401Title VPSE
Name THOMSPON, LISA
Address 7325 HIGHWAY 2302
City-State-Zip: PANAMA CITY FL 32409

I hereby 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 all other like empowered.

SIGNATURE: HEATHER PIKE**TREASURER****02/11/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date