

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007105

Entity Name: NORTH BAY HAVEN PARENT TEACHER STUDENT PARTNERSHIP, INC.**FILED**
Jan 26, 2013
Secretary of State
CC0634231674**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: Yes****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 32444

Title	VPV
Name	MONCRIEF, JACQUELINE
Address	2429 ROLLINS AVENUE
City-State-Zip:	PANAMA CITY FL 32405

Title	VPC
Name	COTTON, RAE
Address	1419 THURSO ROAD
City-State-Zip:	LYNN HAVEN FL 32444

Title	VPF
Name	BROTHERTON, EUGENIA
Address	2704 TALON COURT
City-State-Zip:	PANAMA CITY FL 32405

Title	TREA
Name	BAILEY, JAMES R JR.
Address	1804 BOWMAN LANE
City-State-Zip:	LYNN HAVEN FL 32444

Title	SEC
Name	PIKE, HEATHER
Address	2901 CANAL DR.
City-State-Zip:	PANAMA CITY FL 32405

Title	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: JAMES R. BAILEY, JR.**TREASURER****01/26/2013**

Electronic Signature of Signing Officer/Director Detail

Date