

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007105

Entity Name: NORTH BAY HAVEN PARENT TEACHER STUDENT PARTNERSHIP, INC.**FILED**
May 16, 2018
Secretary of State
CC7868798734**Current Principal Place of Business:**1 BUCCANEER DR
PANAMA CITY, FL 32404**Current Mailing Address:**1 BUCCANEER DR
PANAMA CITY, FL 32404 US**FEI Number: 27-3145728****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**THOMPSON, LISA
1 BUCCANEER DRIVE
PANAMA CITY, FL 32404 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: LISA THOMPSON****05/16/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title PRES
Name THOMPSON , LISA
Address 1 BUCCANEER DR
City-State-Zip: PANAMA CITY FL 32404Title VP
Name MASTERS , JOY
Address 1 BUCCANEER DR
City-State-Zip: PANAMA CITY FL 32404Title VP FUNDRAISING
Name KRANE, MICHELE
Address 1 BUCCANEER DR
City-State-Zip: PANAMA CITY FL 32404Title TREA
Name PIKE, HEATHER
Address 1 BUCCANEER DR
City-State-Zip: PANAMA CITY FL 32404Title SEC
Name SHIELDS, LATISHA
Address 1 BUCCANEER DR
City-State-Zip: PANAMA CITY FL 32404Title VP COMMUNICATION
Name GIBSON, APRIL
Address 1 BUCCANEER DR
City-State-Zip: PANAMA CITY FL 32404

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: LISA THOMPSON**PRESIDENT****05/16/2018**

Electronic Signature of Signing Officer/Director Detail

Date