2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007105

Entity Name: NORTH BAY HAVEN PARENT TEACHER STUDENT

PARTNERSHIP, INC.

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 06/01/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

 Title
 PRES
 Title
 VP FUNDRAISING

 Name
 THOMPSON , LISA
 Name
 MASTERS , JOY

Address 1 BUCCANEER DR Address 1 BUCCANEER DR

City-State-Zip: PANAMA CITY FL 32404 City-State-Zip: PANAMA CITY FL 32404

Title VP COMM Title TREA

NameGIBSON, APRILNamePIKE, HEATHERAddress1 BUCCANEER DRAddress1 BUCCANEER DR

City-State-Zip: PANAMA CITY FL 32404 City-State-Zip: PANAMA CITY FL 32404

Title SEC

Name ANDERSON, AMY
Address 1 BUCCANEER DR

City-State-Zip: PANAMA CITY FL 32404

SIGNATURE: LISA THOMPSON

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.

Electronic Signature of Signing Officer/Director Detail

PRESIDENT NBH PTSP

06/01/2017

Date

FILED Jun 01, 2017

Secretary of State

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