

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000001017

**Entity Name:** NORTH BAY HAVEN BOOSTERS, 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:** 27-5299313

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FUNKHOUSER, DEBBIE  
1 BUCCANEER DR  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LANFORD, BRETT  
Address        1004 W 12TH ST  
City-State-Zip: PANAMA CITY FL 32401

Title            TREASURER  
Name            HOLMES, THOMAS CJR  
Address        927 HUNTINGDON RD  
City-State-Zip: PANAMA CITY FL 32405

Title            DIRECTOR  
Name            HIGGINS, MEREDITH  
Address        1 BUCCANEER DR  
City-State-Zip: PANAMA CITY FL 32404

Title            DIRECTOR  
Name            FUNKHOUSER, DEBBIE  
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:** DEBBIE FUNKHOUSER

**DIRECTOR**

**04/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date