#### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000004362

Entity Name: HEALTHY RELATIONSHIPS BAY COUNTY, INC.

FILED
Apr 23, 2024
Secretary of State
8144167360CC

### **Current Principal Place of Business:**

1202 VIRGINIA AVENUE LYNN HAVEN. FL 32444

## **Current Mailing Address:**

PO BOX 19184

PANAMA CITY BEACH, FL 32417 US

FEI Number: 93-3692100 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

STOICA, DENNIS 1202 VIRGINIA AVENUE LYNN HAVEN, FL 32444 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 D Title I

Name STOICA, DENNIS Name SPEARS, WILLIE

Address P.O. BOX 19184 Address 1202 VIRGINIA AVENUE
City-State-Zip: PANAMA CITY BEACH FL 32417 City-State-Zip: LYNN HAVEN FL 32444

Title D Title P

Name HARBOUR, SANDRA Name STOICA, DENNIS

Address P.O. BOX 19184 Address P.O. BOX 19184

City-State-Zip: PANAMA CITY BEACH FL 32417 City-State-Zip: PANAMA CITY BEACH FL 32417

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: DENNIS STOICA PRESIDENT