

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06600

1. Entity Name
NORTH BAY FLOTILLA, INC.



FILED
Feb 07, 2007 08:00 A
Secretary of State

Principal Place of Business
2871 SILVER HILLS
CRESTVIEW, FL 32536

Mailing Address
P.O. BOX 1636
CRESTVIEW, FL 32536



01112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2721520
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAYS, STEPHEN R
P.O. BOX 1636
871 SILVERHILLS ST
CRESTVIEW, FL 32536

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	LULUE, JOHN
STREET ADDRESS	2805 W HWY 98
CITY-ST-ZIP	MARY ESTHER, FL 32569
TITLE	PD
NAME	GIVENS, JOHN W.
STREET ADDRESS	PO BOX 864, NA
CITY-ST-ZIP	NICEVILLE, FL 32588
TITLE	STD
NAME	HAYS, STEPHEN
STREET ADDRESS	P.O. BOX 1636
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address; with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 FEB 07

Date

850 682 6622

Daytime Phone #