

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000009977

**Entity Name:** BAY OF HOPE PEERS, INC.

**Current Principal Place of Business:**

3913 PISA DRIVE  
D-5  
PANAMA, FL 32405

**FILED**  
**Feb 27, 2023**  
**Secretary of State**  
**7163526049CC**

**Current Mailing Address:**

3913 PISA DRIVE  
D-5  
PANAMA CITY, FL 32405 US

**FEI Number: 88-3954557**

**Certificate of Status Desired: No**

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

WATKINS, CARAH Y  
3913 PISA DRIVE  
#D5  
PANAMA CITY, FL 32405 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 P  
Name BAKER-RAMSAY, CATHY  
Address 205 LINDA AVE  
City-State-Zip: PANAMA CITY FL 32401

Title VP, SECRETARY  
Name WATKINS, CARAH  
Address 3919 PISA DRIVE #D5  
City-State-Zip: PANAMA CITY FL 32405

Title T  
Name OBARR, ANDREW  
Address 1049 CR 381  
City-State-Zip: WEWAHITCHKA FL 32465

Title OTHER  
Name EDMONDSON, DEBBIE  
Address 3913 PISA DRIVE  
D-5  
City-State-Zip: PANAMA CITY FL 32405

*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: CARAH Y WATKINS**

**REGISTERED AGENT**

**02/27/2023**

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

\_\_\_\_\_  
Date