

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734036 (7)

1. Corporation Name

THE BAYOU TEXAR FOUNDATION, INC.



Principal Place of Business

Mailing Address

4800 BAYOU BLVD.
P.O. BOX 2202
PENSACOLA FL 32503

4800 BAYOU BLVD.
P.O. BOX 2202
PENSACOLA FL 32503

3. Date Incorporated or Qualified
10/09/1975

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1694042

Applied For
Not Applicable

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAYNE, PHILIP
95555 BAYOU BLVD.
PENSACOLA FL 32503

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME PAYNE, PHILIP A.
STREET ADDRESS 1555 BAYOU BLVD.
CITY-ST-ZIP PENSACOLA FL

TITLE V ☐ DELETE
NAME BOATWRIGHT, ED
STREET ADDRESS 2575 PARADISE PT DR.
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE
NAME REYNOLDS, TOM H.
STREET ADDRESS 4200 N. 12TH AVE
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ DELETE
NAME MAYO, DAVID, JR.
STREET ADDRESS 3030 BLACKSHEAR AVE.
CITY-ST-ZIP PENSACOLA FL

TITLE S ☐ DELETE
NAME FITZGERALD, RON
STREET ADDRESS 6406 N. "W" STREET
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ DELETE
NAME MILLER, HARRY F. JR.
STREET ADDRESS 2351 BAYOU BLVD.
CITY-ST-ZIP PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)