


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 748320 1. Entity Name WEEKLEY BAYOU IMPROVEMENT ASSOCIATION, INC.	
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Principal Place of Business 1022 MEADSON CIR. PENSACOLA, FL 32506	Mailing Address 1022 MEADSON CIR. PENSACOLA, FL 32506
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04132004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2757527	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAWLS, DONALD D
 12410 AIRBLANC DR
 PENSACOLA, FL 32506

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000163868
 07/07/04-80021-011 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEAD, JAMES 1022 MEADSON CIR. PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIBBS, MIKE 1066 MEADSON CIR PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUELSBECK, HARRY 12535 OPHELIA DR PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, BILL 12545 MEADSON RD PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORKMAN, EDDIE 12540 MEADSON RD PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAWLS, DON 12410 AIRBLANC DR PENSACOLA, FL 32506

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: HARRY H. HUELSBECK 7/1/04 850.438-9651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

HARRY H. HUELSBECK