


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2007 8:00 am
Secretary of State

08-08-2007 90067 004 ****61.25

DOCUMENT # 748320

1. Entity Name
WEEKLEY BAYOU IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business
**1022 MEADSON CIR.
 PENSACOLA, FL 32506**


Mailing Address
**1022 MEADSON CIR.
 PENSACOLA, FL 32506**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



06232007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2757527

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RAWLS, DONALD D
 12410 AIRBLANC DR
 PENSACOLA, FL 32506**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 September 14, 2007**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTOPHER HADAWAY	
STREET ADDRESS	1066 MEADSON CIRCLE	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Harry Huelsbeck 7/31/07 850-492-0377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #