

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748320

FILED
Jun 27, 2009
Secretary of State

Entity Name: WEEKLEY BAYOU IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business:

1022 MEADSON CIR.
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

1022 MEADSON CIR.
PENSACOLA, FL 32506

New Mailing Address:

FEI Number: 59-2757527 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEAD, JAMES
Address: 1022 MEADSON CIR.
City-St-Zip: PENSACOLA, FL 32506

Title: V () Delete
Name: HADAWAY, CHRISTOPHER
Address: 1068 MEADSON CIRCLE
City-St-Zip: PENSACOLA, FL 32506

Title: T () Delete
Name: HUELSBECK, HARRY
Address: 12535 OPHELIA DR
City-St-Zip: PENSACOLA, FL 32506

Title: D () Delete
Name: BOYD, BILL
Address: 12545 MEADSON RD
City-St-Zip: PENSACOLA, FL 32506

Title: D () Delete
Name: WORKMAN, EDDIE
Address: 12540 MEADSON RD
City-St-Zip: PENSACOLA, FL 32506

Title: D () Delete
Name: RAWLS, DON
Address: 12410 AIRBLANC DR
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DRISCOLL, BILL
Address: 12414 AIRBLANC DR
City-St-Zip: PENSACOLA, FL 32506

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HARRY H HUELSBECK

T

06/27/2009

Electronic Signature of Signing Officer or Director

_____ Date