# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 06, 2006 8:00 am**
**Secretary of State**
02-06-2006 90085 010 ****61.25

DOCUMENT # N05000007093

1. Entity Name
ASSOCIATION FOR BAYOU CONSERVATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 912 WOODBRIAR CT<br>FT WALTON BEACH, FL 32547 | 912 WOODBRIAR CT<br>FT WALTON BEACH, FL 32547 |

01252006 Chg-NP CR2E037 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 74-3148924 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

LOVETT, JOHN C
106 E COLLEGE AVE
SUITE 1200
TALLAHASSEE, FL 32301

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

**Filing Fee is $61.25**
**Due by May 1, 2006**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LUNGSTRUM, GREGORY F<br>24 LONGWOOD DR<br>SHALIMAR, FL 32579 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Diane Fraser<br>411 Eastview Dr<br>Ft Walton Beach, FL 32547 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JANNAZO, JOHN D<br>912 WOODBRIAR CT<br>FT WALTON BEACH, FL 32547 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Jim Culliton<br>163 Eldridge Rd<br>Ft Walton Beach, FL 32547 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DARNELL, J. CLOYCE<br>1 LONGWOOD DR<br>SHALIMAR, FL 32579 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>William Walter<br>425 Eastview Dr<br>Ft Walton Beach, FL 32547 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Raymond Carter<br>945 Forest Ave<br>Ft Walton Beach, FL 32547 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Robb Schmitt<br>676 Merioneth<br>Ft Walton Beach, FL 32547 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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 another like empowered.

**SIGNATURE:** Diane B Fraser 2/2/06 8508620805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #