
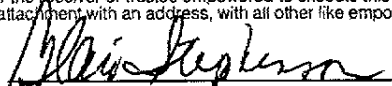


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 734036 1. Entity Name THE BAYOU TEXAR FOUNDATION, INC.		
Principal Place of Business P.O. BOX 2202 PENSACOLA, FL 32503	Mailing Address P.O. BOX 2202 PENSACOLA, FL 32513 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent STEPHENSON, BLAIR 1907 E GONALEZ ST PENSACOLA, FL 32501		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STEPHENSON, BLAIR 1907 E GONALEZ ST PENSACOLA, FL 32501	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CAMFERDAM, DEE 1960 WHALEY AVE PENSACOLA, FL 32503	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC GODWIN, ELEANOR 2510 N YATES AVE PENSACOLA, FL 32503	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01292006 No Chg-NP CR2E037 (11/05)

4. FCI Number 59-1694042	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

UD00000414414
02/11/06-80036-015 61.25

**DO NOT WRITE
IN THIS SPACE**

4/25/06 850-969-7004
Date Daytime Phone #