


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 748320</b> 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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DO NOT WRITE IN THIS SPACE



06262006 No Chg-NP CR2E037 (4/06)

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
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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>	DATE _____
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<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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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08/25/06-80001-003 70.00

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: <u>HARRY H. HUELSBECK</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>8/23/06</u>	Daytime Phone # <u>850-438-9691</u>
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