

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006152

FILED  
Jan 07, 2005  
Secretary of State

**Entity Name:** BAYOU BONITA NEIGHBORHOOD, INC.

**Current Principal Place of Business:**

2255 5 AVE N  
ST PETERSBURG, FL 33713

**New Principal Place of Business:**

**Current Mailing Address:**

2255 5 AVE N  
ST PETERSBURG, FL 33713

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHERER, PAUL C  
4930 SUNRISE DR S  
ST PETERSBURG, FL 33705      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: RUCKS, EDWARD  
Address: 5027 SUNRISE DR S  
City-St-Zip: ST PETERSBURG, FL 33705

Title: V                      ( ) Delete  
Name: TAYLOR, ANN  
Address: 4636 SUNRISE DR S  
City-St-Zip: ST PETERSBURG, FL 33705

Title: S                      ( ) Delete  
Name: WOLFE, JANE  
Address: 4810 PARADISE DR S  
City-St-Zip: ST PETERSBURG, FL 33705

Title: T                      ( ) Delete  
Name: PETELLE, CINDY  
Address: 4930 SUNRISE DR S  
City-St-Zip: ST PETERSBURG, FL 33705

Title: D                      ( ) Delete  
Name: WENZEL, CHRIS  
Address: 4000 4 ST S  
City-St-Zip: ST PETERSBURG, FL 33705

Title: D                      ( ) Delete  
Name: HASTINGS, ROY  
Address: 360 41 AVE S  
City-St-Zip: ST PETERSBURG, FL 33705

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAUL C. SCHERER

D

01/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date