2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State
03-14-2007 90031 024 ****61.25

DOCUMENT # N04000006152

1. Entity Name

BAYOU BONITA NEIGHBORHOOD, INC.

Principal Place of Business	Mailing Address
2255 5 AVE N ST PETERSBURG FL 33713	2255 5 AVE N ST PETERSBURG FL 33713

1st MOORE CR2E037 (06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-8690303 ~~APPLIED FOR~~ — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHERER, PAUL C 4930 SUNRISE DR S ST PETERSBURG FL 33705	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 resigning)

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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	D ☒ Delete	TITLE	D P ☒ Change ☒ Addition
NAME	RUCKS, EDWARD	NAME	Roberts, Bryan
STREET ADDRESS	5027 SUNRISE DR S	STREET ADDRESS	2255-5th A.N.
CITY-ST-ZIP	ST PETERSBURG FL 33705	CITY-ST-ZIP	St. Petersburg, Fl 33713
TITLE	D ☐ Delete	TITLE	T ☒ Change ☒ Addition
NAME	TAYLOR, ANN	NAME	Letellier, Dawn
STREET ADDRESS	4636 SUNRISE DR S	STREET ADDRESS	2255-5th A.N.
CITY-ST-ZIP	ST PETERSBURG FL 33705	CITY-ST-ZIP	St. Petersburg, Fl 33713
TITLE	V D ☒ CHANGE ☐ Delete	TITLE	S ☐ Change ☐ Addition
NAME	WOLFE, JANE	NAME	Petelle, Cynthia
STREET ADDRESS	4810 PARADISE DR S	STREET ADDRESS	4930 Sunrise Dr. So.
CITY-ST-ZIP	ST PETERSBURG FL 33705	CITY-ST-ZIP	St. Petersburg, Fl 33705
TITLE	P ☒ Delete	TITLE	D ☐ Change ☐ Addition
NAME	DAVIS, BRADLEY W	NAME	McGrail, Mike
STREET ADDRESS	3255-5TH AVE	STREET ADDRESS	2255-5th A.N.
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	CITY-ST-ZIP	St. Petersburg, Fl 33713
TITLE	D ☐ Delete	TITLE	D ☐ Change ☐ Addition
NAME	WENZEL, CHRIS	NAME	Dunlap, Sandy
STREET ADDRESS	4000 4 ST S	STREET ADDRESS	2255-5th A.N.
CITY-ST-ZIP	ST PETERSBURG FL 33705	CITY-ST-ZIP	St. Petersburg, Fl 33713
TITLE	D, V ☒ change ☐ Delete	TITLE	D ☐ Change ☐ Addition
NAME	HASTINGS, ROY	NAME	Hoy, Wade
STREET ADDRESS	360 41 AVE S	STREET ADDRESS	2255-5th A.N.
CITY-ST-ZIP	ST PETERSBURG FL 33705	CITY-ST-ZIP	St. Petersburg, Fl 33713

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Director/R.A. 1-18-07 (727) 322-1612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
6006809
#V04000006152

Internal Revenue Service
DEPARTMENT OF THE TREASURY
The Digital Daily

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

20-8690303

Today's Date is: March 22, 2007 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.
The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

Review and Print Form SS-4 | Fill Out Another Form SS-4

Click here to return to the Internet Employer Identification Number landing (start) page.

ATTACHMENT

66006809

#N04000006152

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN 20-8690303

OMB No. 1545-0003

1* Legal name of entity (or individual) for whom the EIN is being requested
Bonita Bayou Neighborhood Inc

2 Trade name of business (if different from name on line 1)

3* Executor, trustee, "care of" name
Paul C Scherer

4a* Mailing address (room, apt., suite no. and street, or P.O. box)
2255 5th Avenue N

5a Street address (if different) (Do not enter a P.O. box)

4b* City, state, and ZIP code
St Petersburg FL 33713 -

5b City, state, and ZIP code
-

6* County and state where principal business is located
County Pinellas State FL

7a Name of principal officer, general partner, grantor, owner, or trustor

7b SSN, ITIN, EIN

8a* Type of entity (check only one)
- ☐ Sole Proprietor (SSN)
- ☐ Partnership
- ☐ Corporation (enter form number to be filed) ▶
- ☐ Personal Service
- ☐ Church or church-controlled organization
- ☑ Other nonprofit organization (specify) ▶ Neighborhood Assoc
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Trust (SSN of grantor)
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ REMIC
- Group Exemption NO. (GEN) ▶
- ☐ State/local government
- ☐ Federal government/military
- ☐ Indian tribal government/enterprises

8b If a corporation, name the state or foreign country (if applicable) where incorporated: State FL; Foreign country

9* Reason for applying (check only one)
- ☐ Started new business (specify type) ▶
- ☐ Hired employees (Check the box and see line 12)
- ☐ Compliance with IRS withholding regulations
- ☑ Other (specify) ▶ Federal Filing
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Created a pension plan (specify type) ▶

10* Date business started or acquired (month, day, year)
JUN 21 2004

11 Closing month of accounting year

12 First date wages or annuities were paid or will be paid (month, day, year) *Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ..... ▶

13 Highest number of employees expected in the next twelve months **Note:** *If the applicant does not expect to have any employees during the period, enter "-0-"* ..... ▶ Agriculture | Household | Other

14* Check box that best describes the principal activity of your business
- ☐ Construction
- ☐ Rental & leasing
- ☐ Transportation & warehousing
- ☐ Health care & social assistance
- ☐ Wholesale-agent/broker
- ☐ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☐ Accommodation & food service
- ☐ Retail
- ☐ Wholesale-other
- ☑ Other (specify) Non Business Entity

15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
None

16a* Has the applicant ever applied for an employer identification number for this or any other business? ..... ☐ Yes ☑ No
Note *If "Yes" please complete lines 16b and 16c*

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶
Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (month, day, year) | City and state where filed | Previous EIN
-

Third Party Designee

Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form

Designee's name | Designee's telephone number (include area code) ( ) -

Address and ZIP code | Designee's fax number (include area code) ( ) -

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly)
▶ Paul C Scherer

Signature ▶ Not Required Date ▶ March 22, 2007 GMT

Applicant's telephone number (include area code) (727) 322 - 8802

Applicant's fax number (include area code) ( ) -