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

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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 (01/06)

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 changing)

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

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
4006869
#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

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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 50h 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
- ☐ Accommodation & food service
- ☐ Wholesale-agent/broker
- ☐ Wholesale-other
- ☐ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☐ Retail
- ☑ 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	Applicant's telephone number (include area code) (727) 322 - 8802
Signature ▶ Not Required Date ▶ March 22, 2007 GMT	Applicant's fax number (include area code) ( ) -