

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007093

FILED  
Feb 24, 2007  
Secretary of State

Entity Name: ASSOCIATION FOR BAYOU CONSERVATION, INC.

**Current Principal Place of Business:**

912 WOODBRIAR CT  
FT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

912 WOODBRIAR CT  
FT WALTON BEACH, FL 32547

**New Mailing Address:**

FEI Number: 74-3148924      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LOVETT, JOHN C  
106 E COLLEGE AVE  
SUITE 1200  
TALLAHASSEE, FL 32301 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: T      ( ) Delete  
Name: FRASER, DIANE  
Address: 411 EASTVIEW DR  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D      ( ) Delete  
Name: JANNAZO, JOHN D  
Address: 912 WOODBRIAR CT  
City-St-Zip: FT WALTON BEACH, FL 32547

Title: D      ( ) Delete  
Name: DARNELL, J. CLOYCE  
Address: 1 LONGWOOD DR  
City-St-Zip: SHALIMAR, FL 32579

Title: D      ( ) Delete  
Name: CULLITON, JIM  
Address: 163 ELDRIDGE RD  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D      ( ) Delete  
Name: WALTER, WILLIAM  
Address: 425 EASTVIEW DR  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D      ( ) Delete  
Name: CARTER, RAYMOND  
Address: 945 FOREST AVE  
City-St-Zip: FORT WALTON BEACH, FL 32547

**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 Chapter 119, 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: RAYMOND CARTER

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

D

02/24/2007

\_\_\_\_\_  
Date