

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 11, 2008
Secretary of State**

DOCUMENT# N07000008943

Entity Name: JAMES DEAN BYRD FOUNDATION, INC.

Current Principal Place of Business:

411 WALNUT STREET #455
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

411 WALNUT STREET #4267
GREEN COVE SPRINGS, FL 32043

Current Mailing Address:

411 WALNUT STREET #455
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

411 WALNUT STREET #4267
GREEN COVE SPRINGS, FL 32043

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

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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: DP () Delete
Name: WILSON, KENNETH B
Address: 411 WALNUT STREET #455
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: DT () Delete
Name: WILSON, VICKI
Address: 145 16TH AVE N
City-St-Zip: ST PETERSBURG, FL 33704

Title: S () Delete
Name: WILSON, PEGGY
Address: 640 HOGAN FARM ROAD
City-St-Zip: APEX, NC 27502

Title: D () Delete
Name: DEAN, JAMES
Address: 411 WALNUT STREET #455
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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:

I hereby certify that the information supplied with this filing does not qualify 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: KENNETH WILSON

PRES

01/11/2008

Electronic Signature of Signing Officer or Director

_____ Date