

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008943

FILED
Jan 08, 2011
Secretary of State

Entity Name: JAMES DEAN BYRD FOUNDATION, INC.

Current Principal Place of Business:

411 WALNUT STREET
#4267
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

411 WALNUT STREET
#4267
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 30-0445082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILSON, KENNETH
411 WALNUT STREET
#4267
GREEN COVE SPRINGS, FL 32043 US

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
Name: WILSON, KENNETH B
Address: 411 WALNUT STREET #4267
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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

Title: S
Name: HENESLEY, DEBRA
Address: 411 WALNUT ST, #4267
City-St-Zip: GREEN COVE SPRINGTS, FL 32043

Title: D
Name: BYRD, JAMES
Address: 411 WALNUT STREET #4267
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D
Name: GIBSON, ALAN
Address: 411 WALNUT ST, #4267
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D
Name: BEARD, SCOTT
Address: 411 WALNUT ST, #4267
City-St-Zip: GREEN COVE SPRINGS, FL 32043

I hereby 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 all other like empowered.

SIGNATURE: KENNETH WILSON

PRES

01/08/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date