

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N17754

1. Entity Name
ISAAC W. BYRD FAMILY FOUNDATION, INC.



Principal Place of Business
3310 S. HARBOUR CIRCLE
PANAMA CITY, FL 32405

Mailing Address
3310 S. HARBOUR CIRCLE
PANAMA CITY, FL 32405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2752624

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

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	DP	<input type="checkbox"/> Delete	TITLE
NAME	MCKEITHEN, BETH		NAME
STREET ADDRESS	3310 S. HARBOUR CIRCLE		STREET ADDRESS
CITY-ST-ZIP	PANAMA CITY, FL		CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> Delete	TITLE
NAME	WEATHERSBY, PAMELA		NAME
STREET ADDRESS	2110 WILDRIDGE ROAD		STREET ADDRESS
CITY-ST-ZIP	LYNN HAVEN, FL		CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> Delete	TITLE
NAME	COOLEY, OLIVIA		NAME
STREET ADDRESS	712 MOORE CIRCLE		STREET ADDRESS
CITY-ST-ZIP	PANAMA CITY, FL		CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> Delete	TITLE
NAME	BROOKS BETSY		NAME
STREET ADDRESS	600 KRISTANNA DR		STREET ADDRESS
CITY-ST-ZIP	PANAMA CITY, FL 32405		CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Beth McKeithen* Beth McKeithen 1-2405 850-763-4670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #