

FILED

Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90037 005 ****61.25

**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 32405Mailing 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

01192005 Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2752624Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCKEITHEN, BETH
3310 S. HARBOUR CIRCLE
PANAMA CITY, FL 32405

7. Name and Address of New 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, 20059. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME MCKEITHEN, BETH
STREET ADDRESS 3310 S. HARBOUR CIRCLE
CITY-ST-ZIP PANAMA CITY, FLTITLE D ☐ Delete
NAME WEATHERSBY, PAMELA
STREET ADDRESS 2110 WILDRIDGE ROAD
CITY-ST-ZIP LYNN HAVEN, FLTITLE D ☐ Delete
NAME COOLEY, OLIVIA
STREET ADDRESS 712 MOORE CIRCLE
CITY-ST-ZIP PANAMA CITY, FLTITLE D ☐ Delete
NAME BROOKS BETSY
STREET ADDRESS 600 KRISTANNA DR
CITY-ST-ZIP PANAMA CITY, FL 32405TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 32405TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1001 BUENA VISTA BLVD
CITY-ST-ZIP PANAMA CITY, FL 32401TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 32401TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 301 S. PALO ALTO
CITY-ST-ZIP PANAMA CITY, FL 32401TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-2405 850-763-4670