2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# N17754

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

Current Principal Place of Business:

3310 S. HARBOUR CIRCLE
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

3310 S. HARBOUR CIRCLE
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 59-2752624 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKEITHEN, BETH
3310 S. HARBOUR CIRCLE
PANAMA CITY, FL 32405 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:	MCKEITHEN, BETH,	
Address:	3310 S. HARBOUR CIRCLE	
City-St-Zip:	PANAMA CITY, FL 32405	
Title:	D	( ) Delete
Name:	WEATHERSBY, PAMELA,	
Address:	1001 BUENA VISTA BLVD	
City-St-Zip:	PANAMA CITY, FL 32401	
Title:	D	( ) Delete
Name:	COOLEY, OLIVIA,	
Address:	712 MOORE CIR	
City-St-Zip:	PANAMA CITY, FL 32401	
Title:	D	( ) Delete
Name:	SMITH, BETSY	
Address:	301 S PALO ALTO AVE	
City-St-Zip:	PANAMA CITY, FL 32401	

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:	D	(X) Change ( ) Addition
Name:	BYRD, BETSY,	
Address:	301 S PALO ALTO AVE	
City-St-Zip:	PANAMA CITY, FL 32401	

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: BETH MCKEITHEN DP 01/09/2009

Electronic Signature of Signing Officer or Director — Date