


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N39392		
1. Entity Name BAYOU CHICO BUSINESS ASSOCIATION, INC.		
Principal Place of Business % MARY M. CALLAWAY 1600 N PALAFOX ST PENSACOLA, FL 32501		Mailing Address % MARY M. CALLAWAY 1600 N PALAFOX ST PENSACOLA, FL 32501
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CALLAWAY, MARY M. 1600 N PALAFOX ST PENSACOLA, FL 32501		DO NOT WRITE IN THIS SPACE
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000263157 03/14/05-80084-013 61.25
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	BROWN, WARREN T.	
STREET ADDRESS	40 ANDUSSON AVENUE	
CITY - ST - ZIP	PENSACOLA, FL	
TITLE	D	
NAME	JAFTE, MARK	
STREET ADDRESS	1000 MYRICK ST	
CITY - ST - ZIP	PENSACOLA, FL	
TITLE	D	
NAME	KAHN, ROBERT	
STREET ADDRESS	320 W LEE ST	
CITY - ST - ZIP	PENSACOLA, FL	
TITLE	D	
NAME	STRINGFIELD, JACK	
STREET ADDRESS	806 LAKEWOOD RD	
CITY - ST - ZIP	PENSACOLA, FL	
TITLE	P	
NAME	DESIMONE, ROCKY J	
STREET ADDRESS	700 S. MYRICK STREET	
CITY - ST - ZIP	PENSACOLA, FL 32505	
TITLE		
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: <u>Mary M. Callaway, Trustee</u> <u>March 14, 2005</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		