2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000000158

1. Entity Name
DAVIDA BYRD'S SCHOLARSHIP FOUNDATION, INC.

Principal Place of Business	Mailing Address
251 AVENUE E. PORT ST. JOE, FL 32456	251 AVENUE E. PORT ST. JOE, FL 32456

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02192006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3347837

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JENKINS, TAYLOR
251 AVENUE E.
PORT ST. JOE, FL 32456

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000447815
03/08/06-80072-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JENKINS, TAYLOR
STREET ADDRESS	251 AVENUE E.
CITY-ST-ZIP	PORT ST. JOE, FL 32456
TITLE	VPD
NAME	MCNAIR, DAMON
STREET ADDRESS	149 AVENUE
CITY-ST-ZIP	PORT ST. JOE, FL 32456
TITLE	TD
NAME	DAVIS, CHESTER
STREET ADDRESS	250 AVENUE E.
CITY-ST-ZIP	PORT ST. JOE, FL 32456
TITLE	SD
NAME	HANNAH, SHIRLEY
STREET ADDRESS	5241 PARK STREET
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	SD
NAME	DANIELS, CORINE
STREET ADDRESS	303 AVENUE E.
CITY-ST-ZIP	PORT ST. JOE, FL 32456
TITLE	D
NAME	JENKINS, SALLY
STREET ADDRESS	251 AVENUE E.
CITY-ST-ZIP	PORT ST. JOE, FL 32456

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Taylor Jenkins 2/21/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #