


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000000158 1. Entity Name DAVIDA BYRD'S SCHOLARSHIP FOUNDATION, INC.	
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Principal Place of Business 251 AVENUE E. PORT ST. JOE, FL 32456	Mailing Address 251 AVENUE E. PORT ST. JOE, FL 32456
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03032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3347837	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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**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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$81.25
Due by May 1, 2007**

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

U00000664180
03/22/07-80035-001 61.25

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

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IN THIS SPACE**

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, Chairman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/07
Date

850.227-1727
Daytime Phone