


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000000158	
1. Entity Name DAVIDA BYRD'S SCHOLARSHIP FOUNDATION, INC.	
	
Principal Place of Business 251 AVENUE E. PORT ST. JOE, FL 32456	Mailing Address 251 AVENUE E. PORT ST. JOE, FL 32456



05082008 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**

**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

Taylor Jenkins

(NOTE: Registered Agent signature required when reinstating)

5 / 12 / 08

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

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

U000000951453
06/04/08-80034-007 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

**DO NOT WRITE
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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Taylor Jenkins

5 / 12 / 08 - 850-227-1727

Date

Daytime Phone #