2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N96000000158

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

Current Principal Place of Business:

251 AVENUE E.
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

251 AVENUE E.
PORT ST. JOE, FL 32456

New Mailing Address:

FEI Number: 59-3347837 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JENKINS, TAYLOR
251 AVENUE E.
PORT ST. JOE, FL 32456 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: PD ( ) Delete
Name: JENKINS, TAYLOR
Address: 251 AVENUE E.
City-St-Zip: PORT ST. JOE, FL 32456

Title: VPD ( ) Delete
Name: MCNAIR, DAMON
Address: 149 AVENUE
City-St-Zip: PORT ST. JOE, FL 32456

Title: TD ( ) Delete
Name: DAVIS, CHESTER
Address: 250 AVENUE E.
City-St-Zip: PORT ST. JOE, FL 32456

Title: SD ( ) Delete
Name: HANNAH, SHIRLEY
Address: 5241 PARK STREET
City-St-Zip: PANAMA CITY, FL 32404

Title: SD ( ) Delete
Name: DANIELS, CORINE
Address: 303 AVENUE E.
City-St-Zip: PORT ST. JOE, FL 32456

Title: D ( ) Delete
Name: JENKINS, SALLY
Address: 251 AVENUE E.
City-St-Zip: PORT ST. JOE, FL 32456

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SHIRLEY HANNAH SD 04/07/2009
Electronic Signature of Signing Officer or Director — Date