

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000158

FILED  
Mar 19, 2010  
Secretary of State

**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  
Name: JENKINS, TAYLOR  
Address: 251 AVENUE E.  
City-St-Zip: PORT ST. JOE, FL 32456

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY HANNAH

SEC

03/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date