

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90117 033 ****61.25

DOCUMENT # P11384 1. Entity Name GYA, INC.			
Principal Place of Business C/O JANET MILLER - SCHMIDT 2777 LAKESHORE DR MANDEVILLE, LA 70448-5629 US		Mailing Address C/O JANET MILLER - SCHMIDT 2777 LAKESHORE DR MANDEVILLE, LA 70448-5629 US	
2. Principal Place of Business <i>C/o William H. Brundige Jr</i> Suite, Apt. #, etc. 3325 Nashville Ave.		3. Mailing Address <i>Same as #2</i> Suite, Apt. #, etc.	
City & State New Orleans, LA		City & State	
Zip 70125		Country USA	
4. FEI Number 59-2129669		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 JONES, CALVIN III 412-A COBRA AVENUE FORT WALTON BEACH, FL 32548		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, CALVIN III 412-A COBRA AVE FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHAMBELAIN, WALTER <i>Chamberlain</i> PO BOX 2400 BAY ST. LOUIS, MS 39521	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MILLER-SCHMIDT, JANET 2777 LAKESHORE DR MANDEVILLE, LA 704485629	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROOKER, NORTON W. Jr, Norton W. PO DRAWER 2727 MOBILE, AL 36652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICHARDS, RON 6625 CALLE DE LAUREL NAVARRE, FL 32566	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORROW, JOHN PO BOX 1446 PANAMA CITY, FL 32402	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Janet Miller-Schmidt</i> <i>Rear Commodore</i> <i>3/17/05</i> <i>504-835-8253</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	