FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 PM 7:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **731249** **(9)**

1. Corporation Name
BAKER COUNTY COUNCIL ON AGING, INC.

Principal Place of Business	Mailing Address
101 E MACCLENNY AVENUE MACCLENNY FL 32063	101 E MACCLENNY AVENUE MACCLENNY FL 32063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/25/1974**
3a. Date of Last Report: **02/25/1994**
4. FEI Number: **59-1596339** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

RATLEY, CINDY
101 E MACCLENNY AVE
MACCLENNY FL 32063

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	COLEMAN, JOHN	12 NAME		
STREET ADDRESS	9765 SAN JOSE BOVD	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP		
TITLE	VPD	21 TITLE		☐ Change ☐ Addition
NAME	RUISE, PANSY	22 NAME		
STREET ADDRESS	101 E MACCLENNY AVE	23 STREET ADDRESS		
CITY-ST-ZIP	MACCLENY FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	CRAWFORD, SHERRI	32 NAME	DOWLING, KAY	
STREET ADDRESS	101 E MACCLENNY AVE	33 STREET ADDRESS	RT 1 BOX 440	
CITY-ST-ZIP	MACCLENNY FL	34 CITY-ST-ZIP	SANDERSON FL 32087	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	SPENCE, DOROTHY	42 NAME		
STREET ADDRESS	RT 1 BOX 960 N/A	43 STREET ADDRESS		
CITY-ST-ZIP	MACCLENNY FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4.27.95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000169