FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mertham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

TITLE

NAME

STREET ADDRESS

(9)

BAKER COUNTY COUNCIL ON AGING, INC.

FILED									
Apr 10 1997 8	:00am								
Secretary of	State								

						(
Principal Place of Business Mailing Address				()) () () ()	8 8 8 16 1 81 1 1 1 1 1 1 1 1 1 1 1 1 1	tite Banda nahat nihata kutut 1		
101 E MACCLE MACCLENNY F		101 E MACCLENNY AVENL MACCLENNY FL 32063-2118						
					3. Date Incorp 11/25	orated or Qualified / 1974	3a. Date of Last / 02/07/19	Report 196
2. Principal P	Place of Business	2a. Mailing Address 26			4. FEI Numbe 59-15	96339	F	pplied For ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of	of Status Desired		Additional equired	
Oity & Stat 23		City & State			6. Election Ca Trust Fund	mpaign Financing Contribution	· ,	May Be to Fees
Zip 24	Country 25		Country 30		Florida Stat		Yes 🔲 No	s. 199.032,
	9. Name and Address of Currer	nt Registered Agent			0. Name and	Address of New Reg	istered Agent	
RATLEY, CINDY 101 E MACCLENNY AVE MACCLENNY FL 32063 B1 Name (A) 82 Street Address (B) (B) (B) (B) (B) (B) (B) ($(I) \cap I$	drea UP.O. Box Nun :. Maca	Otran ober is Not Acceptable Chang	Ive.		
84 City Macclenny					FL 85 Zip	Code 2063		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 Segtion 617.0503, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)								
12.		D DIRECTORS	13.	argitatore reduited w		CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 TITLE				Change	Addition
NAME STREET ADDRESS	OOLEMAN, JOHN 9765 SAN JOSE BOVD		1.2 NAME 1.3 Street ad	DDRESS				
CATY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-	ZIP			-	
TITLE	VPD	☐ DELETE	2.1 TITLE	}			☐ Change	Addition C
STREET ADDRESS	RUISE, PANSY 101 E MACCLENNY AVE MACCLENY FL'		2.2 NAME 2.3 S REET AD	1				
C(TY-ST-ZIP TITLE	SD SD	DELETE	2. 4 0 TY - ST - 3.1 TI LE	ZIF			Change	Addition
NAME	DOM: ING KAY		3.2 N ME	}				
STREET ADDRESS	RT 1 BOX 440 Hwy	250	3.3 S REET AD	DRESS				
CITY-ST-2IP	SANDERSON FL		3.4. YY-ST-					
TITLE	TD	DELETE	4.11 E	TD	111			Addition
NAME	SPENCE, DOROTHY		4.21 ME	Gou	or cand	. 693 Barbi	er Bros. C	ic.
STREET ADDRESS	RT 1 BOX 960 N/A		4.3 FE1 AD	DRESS P.O.	clandin	Horida	32063	
COTY-ST-ZIP	MACCLENNY FL	DELETE	4.4 - ST - 2 5.1	TIP MOC	clenny	MOTION	☐ Change	Addition
NAME		L. OLLLI	5.1 5.2				□ Outguiñe	- Addition
STREET ADDRESS				DRESS				
CITY-ST-ZIP			5.4 ST-2					}

6.4 CITY-ST-ZIP

14. I do hereby certify that the Information supplied with this filing does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the Information indicated on this annual report or suppliemental 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 estagement with an address.

I ADDRESS

6.3 \$

DELETE

Change

Addition