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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



3. Date Incorporated or Qualified

11/25/1974

4. FEI Number

59-1596339

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ATLAN, ANDREA
101 E MACCLENNY AVE
MACCLENNY FL 32063**

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 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, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **COLEMAN, JOHN**
STREET ADDRESS **9765 SAN JOSE BOVD**
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **RUISE, PANSY**
1.3 STREET ADDRESS **P.O. BOX 353 N/A**
1.4 CITY-ST-ZIP **GLEN ST. MARY, FL 32040**

TITLE **VPD** ☐ DELETE
NAME **RUISE, PANSY**
STREET ADDRESS **101 E MACCLENNY AVE**
CITY-ST-ZIP **MACCLENNY FL**

2.1 TITLE **VPD** ☐ Change ☒ Addition
2.2 NAME **KRALL, SUSAN**
2.3 STREET ADDRESS **132 FLORIDA AVENUE**
2.4 CITY-ST-ZIP **MACCLENNY, FL 32063**

TITLE **SD** ☒ DELETE
NAME **DOWLING, KAY**
STREET ADDRESS **RT 1 BOX 440, HWY 250**
CITY-ST-ZIP **SANDERSON FL**

3.1 TITLE **SD** ☐ Change ☒ Addition
3.2 NAME **COLLINS, HAZEL**
3.3 STREET ADDRESS **P.O. BOX 627 N/A**
3.4 CITY-ST-ZIP **MACCLENNY, FL 32063**

TITLE **TD** ☐ DELETE
NAME **LUND, CAROL**
STREET ADDRESS **P O BOX 904 693 BARBER BROS CIR**
CITY-ST-ZIP **MACCLENNY FL**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **ATLAN, ANDREA**
4.3 STREET ADDRESS **101 E. MACCLENNY AVENUE**
4.4 CITY-ST-ZIP **MACCLENNY, FL 32063**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

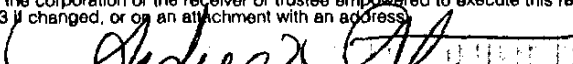
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:



ANDREA ATRAN

904 2592223

CR2E037 (10/97)