# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 05, 2004 8:00 am**
**Secretary of State**
04-05-2004 90074 049 ****61.25

94044202

DOCUMENT # 731249

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

| Principal Place of Business | Mailing Address |
|---|---|
| 101 E MACCLENNY AVENUE<br>MACCLENNY, FL 32063 | 101 E MACCLENNY AVENUE<br>MACCLENNY, FL 32063 |

04012004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-1596339 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

RUISE, PANSY
101 E MACCLENNY AVE
MACCLENNY, FL 32063

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

**Filing Fee is $61.25**
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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<br>RUISE, PANSY<br>P O BOX 353 N/A<br>GLEN ST MARY, FL 32040 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>GERSON, ANITA<br>152 COLLEGE ST.<br>MACCLENNY, FL 32063 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP<br>BLAKELY, TONNIE<br>230 N. BLVD. EAST<br>MACCLENNY, FL 32063 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>BLAKLEY, TONNIE<br>230 B. BLVD. EAST<br>MACCLENNY, FL 32063 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP<br>YARBROUGH, BARBARA<br>14578 JESSE YARBROUGH RD.<br>GLEN ST. MARY, FL 32040 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>JOHNS, TOMMY<br>149 BORTH 4TH STREET<br>MACCLENNY, FL 32063 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP<br>JOHNS, TOMMY<br>149 NORTH 4th STREET<br>MACCLENNY, FL 32063 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>DOBSON, LINDA<br>6096 MICHELLE RD.<br>MACCLENNY, FL 32063 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP<br>DOBSON, LINDA<br>6096 MICHELLE ROAD<br>MACCLENNY, FL 32063 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** Pansy Ruise 4/1/04 904-259-2223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #