## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Secretary of State **DOCUMENT #731249** 04-26-2005 90169 021 \*\*\*\*61.25 1. Entity Name BAKÉR COUNTY COUNCIL ON AGING, INC. Principal Place of Business Mailing Address 66020082 101 E MACCLENNY AVENUE 101 E MACCLENNY AVENUE MACCLENNY, FL 32063 MACCLENNY, FL 32063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05252005 CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 59-1596339 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Mary F. Baxla RUISE, PANSY Street Address (P.O. Box Number is Not Acceptable) 101 E MACCLENNY AVE MACCLENNY, FL 32063 Macclenny Ave. Zip Code 32063 Macclenny 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 \_ (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 D TITLE ☐ Delete TITLE **Addition** Change Executive Director NAME RUISE, PANSY NAME Mary Baxla STREET ADDRESS P O BOX 353 N/A STREET ADDRESS 101 E. Macclenny, Ave CITY-ST-ZIP GLEN ST MARY, FL 32040 CITY-ST-ZIP Macclenny, FL 32063 PΠ TITLE ☐ Delete ☐ Change Addition President BLAKELY, TONNIE NAME NAME Barbara Yarbrough STREET ADDRESS 230 N BLVD EAST STREET ADDRESS CITY-ST-ZIP MACCLENNY, FL 32063 CITY-ST-ZIP 14578 Jesse Yarbrough Rd. Glen St. Mary, FL 32040 □ Change TITLE ☐ Delete TITLE NAME YARBROUGH, BARBARA NAME Vice President STREET ADDRESS 14578 JESSE YARBOROUGH RD STREET ADDRESS Sam Kitching CITY-ST-ZIP GLEN SAINT MARY, FL 32040 CITY-ST-ZIP 614 Laverne St TITLE TD ☐ Delete TITLE Change ☐ Addition Macclenny, FL 32063 JOHNS, TOMMY NAME NAME STREET ADDRESS 149 BORTH 4TH STREET STREET ADDRESS MACCLENNY, FL 32063 CITY-ST-7IP CITY-ST-ZIP TITLE SD □ Delete TITLE ☐ Change X Addition Lovurn Rivers DOBSON, LINDA NAME NAME STREET ADDRESS 6096 MICHELLE RD. 101 E.Macclenny AVe. STREET ADDRESS C/TY-ST-7IP MACCLENNY, FL 32063 CITY-ST-ZIP Macclenny, FL 32063 TITLE ☐ Delete TITLÉ ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED** 

May 31, 2005 8:00 am