2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90435 012 ****61.25

DOCUMENT # 731249

1. Entity 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

04232007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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	7. Name and Address of New Registered Agent
BAXLA, MARY F 101 E MACCLENNY AVE MACCLENNY, FL 32063	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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	V KITCHING, SAM 614 LAVERNE ST MACCLENNY, FL 32063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KITCHING, SAM 614 LAVERNE ST MACCLENNY FL 32063	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P YARBROUGH, BARBARA 14578 JESSE YARBOROUGH RD GLEN SAINT MARY, FL 32040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD YARBROUGH BARBARA 14576 JESSE YARBROUGH RD GLEN SAINT MARY FL 32040	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JOHNS, TOMMY 149 NORTH 4TH STREET MACCLENNY, FL 32063	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LAMBRIGH, ROBERT 101 E. MACCLENNY AVE MACCLENNY, FL 32063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LAMBRIGHT, ROBERT 101 E MACCLENNY AVE MACCLENNY, FL 32063	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BLAKELY, TONNIE 230 NORTH BLVD. E MACCLENNY, FL 32063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAXLA, MARY 101 E MACCLENNY AVE MACCLENNY, FL 32063	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mary F Baxla MARY F. BAXLA 4/23/07 (904) 259-2223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #