2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 731249

Entity Name: BAKER COUNTY COUNCIL ON AGING, INC.

Current Principal Place of Business:

101 E MACCLENNY AVENUE
MACCLENNY, FL 32063

New Principal Place of Business:

Current Mailing Address:

101 E MACCLENNY AVENUE
MACCLENNY, FL 32063

New Mailing Address:

FEI Number: 59-1596339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAXLA, MARY F
101 E MACCLENNY AVE
MACCLENNY, FL 32063 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: DEDMON, JOHN
Address: 4074 DOGWOOD STREET
City-St-Zip: MACCLENNY, FL 32063

Title: PD ( ) Delete
Name: YARBROUGH, BARBARA
Address: 14576 JESSE YARBROUGH RD
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: TD ( ) Delete
Name: COOPER, FRANK W
Address: 4659 HICKORY STREET
City-St-Zip: MACCLENNY, FL 32063

Title: S ( ) Delete
Name: BLAKELY, TONNIE
Address: 230 NORTH BLVD. E
City-St-Zip: MACCLENNY, FL 32063

Title: D ( ) Delete
Name: BAXLA, MARY
Address: 101 E MACCLENNY AVE
City-St-Zip: MACCLENNY, FL 32063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY BAXLA D 03/19/2009

Electronic Signature of Signing Officer or Director — Date