

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012726

FILED  
Aug 30, 2007  
Secretary of State

Entity Name: FRIENDS OF BAICA, INC.

**Current Principal Place of Business:**

1118 SCHOPKE LESTER RD.  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1056  
APOPKA, FL 32704

**New Mailing Address:**

FEI Number: 20-8039681      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

B&C CORPORATE SERVICES OF CENTRAL FLA. INC  
390 N. ORANGE AVE., SUITE 1400  
ORLANDO, FL 32801 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: D ( ) Delete  
Name: CHARLTON, KATHLEEN A  
Address: RICARDO GUTIERREZ 1760 1640 MARTINEZ  
City-St-Zip: BUENOS AIRES, ARGENTINA,

Title: D ( ) Delete  
Name: SELLARDS, KAROLINE D  
Address: 1118 SCHOPKE LESTER RD.  
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete  
Name: MARS, KIMBERLY L  
Address: 749 ALTA LOMA AVE.  
City-St-Zip: ORLANDO, FL 32803

**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:

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: KATHLEEN A. CHARLTON

D

08/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date