

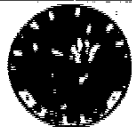
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28367** (3)

1. Corporation Name
BAKER HOUSE RESTORATION PROJECT, INC.

Principal Place of Business Mailing Address
5744 MOOG ROAD HOLIDAY FL 34680 **P.O. BOX 116 ELFERS FL 34680**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/15/1988** 3a. Date of Last Report **04/21/1994**
4. FEI Number **59-2895675** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOECHELT, JAMES S.
5145 ROSEWOOD DR.
NEW PORT RICHEY FL 34653**

81 Name **Clara Baker**
82 Street Address (P.O. Box Number is Not Acceptable) **5822 Van Buren St.**
83 **New Port Richey, FL 34653**
84 City **FL** 85 Zip Code **34653**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Clara Baker Clara Baker Treasurer 4-15-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NILES, ARLINE	1.2 NAME	
STREET ADDRESS	12300 OAK FOREST LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	HUDSON FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILDEBRAND, ANN	2.2 NAME	
STREET ADDRESS	5311 WINDWARD WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAYTON, MAXINE	3.2 NAME	
STREET ADDRESS	P.O. BOX 5831 N/A	3.3 STREET ADDRESS	
CITY - ST - ZIP	HUDSON FL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOECHELT, JAMES S.	4.2 NAME	
STREET ADDRESS	5145 ROSEWOOD DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL	4.4 CITY - ST - ZIP	New Port Richey, FL 34653
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Clara Baker 3-22-95 813-843-4070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #