

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 34690

P.O. BOX 116  
ELFERS FL 34680

3. Date Incorporated or Qualified  
**09/15/1988**

3a. Date of Last Report  
**04/24/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAKER, CLARA  
5822 VAN BUREN ST.  
NEW PORT RICHEY FL 34653**

81 Name **Hilde M. Carbine**

82 Street Address (P.O. Box Number is Not Acceptable)  
**12217 Cider Mill Lane**

83 **Bayonet Pt., Fl. 34667**

84 City

**FL**

85 Zip Code

**34667**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Hilde M. Carbine*

*Hilde*

3/11/96

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	<input checked="" type="checkbox"/> DELETE
NAME	NILES, ARLINE	
STREET ADDRESS	12300 OAK FOREST LANE	
CITY-ST-ZIP	HUDSON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HILDEBRAND, ANN	
STREET ADDRESS	5311 WINDWARD WAY	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CLAYTON, MAXINE	
STREET ADDRESS	P.O. BOX 5631 N/A	
CITY-ST-ZIP	HUDSON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, CLARA	
STREET ADDRESS	5822 VAN BUREN ST.	
CITY-ST-ZIP	NEW PRT RICHEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HILDEBRAND, ANN	
1.3 STREET ADDRESS	5311 WINDWARD WAY	
1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOYCE LOECHELT	
2.3 STREET ADDRESS	5145 ROSEWOOD DR.	
2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34653	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	500001742975	
3.4 CITY-ST-ZIP	-03/14/96--01046--006 ***61.25	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HILDE M. CARBINE	
4.3 STREET ADDRESS	12217 CIDER MILL LANE	
4.4 CITY-ST-ZIP	BAYONET PT., FL. 34667	
5.1 TITLE	CS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ARLENE NILES	
5.3 STREET ADDRESS	12300 Oak Forest Lane	
5.4 CITY-ST-ZIP	BAYONET PT., FL. 34667	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(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:

*Hilde M. Carbine*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96

813 868-5078

DATE

DATE/TIME PHONE #

CR2E037 (12/95)