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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 5744 MOOG ROAD HOLIDAY FL 34690
Mailing Address: P.O. BOX 116 ELFERS FL 34680-0116

3. Date Incorporated or Qualified: 09/15/1988
3a. Date of Last Report: 03/13/1996

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 59-2895675
Applied For: Not Applicable

21 Suite, Apt. #, etc.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

22 City & State: 27

6. Election Campaign Financing: \$5.00 May Be Added to Fees

23 City & State: 28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

24 Zip: 25 Country: 29 Zip: 30 Country:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARBINE, HILDE M
12217 CIDER MILL LANE
BAYNOET PT FL 34667

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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: 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
NAME: HILDEBRAND, ANN
STREET ADDRESS: 5311 WINDWARD WAY
CITY-ST-ZIP: NEW PORT RICHEY FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE: VD
NAME: LOECHELT, JOYCE
STREET ADDRESS: 5145 ROSEWOOD DR
CITY-ST-ZIP: NEW PORT RICHEY FL 34653

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE: SD
NAME: CLAYTON, MAXINE
STREET ADDRESS: P.O. BOX 5631 N/A
CITY-ST-ZIP: HUDSON FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE: TD
NAME: CARBINE, HILDE M
STREET ADDRESS: 12217 CIDER MILL LANE
CITY-ST-ZIP: BAYONET PT FL 34667

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE: CS
NAME: NILES, ARLENE
STREET ADDRESS: 12300 OAK FOREST LANE
CITY-ST-ZIP: BAYONET PT FL 34667

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Jan 23, 1997-813-868-5072
Date Daytime Phone # 0068528

CR2E037 (9/96)