


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000004406
1. Entity Name
**THE MARGARET AND GERRIT BAKER PRIVATE
FOUNDATION, INC.**



| | |
|---|---|
| Principal Place of Business C/O STEVEN J ASARCH 1900 NW CORPORATE BLVD #400 EAST BOCA RATON, FL 33431 | Mailing Address C/O STEVEN J ASARCH 1900 NW CORPORATE BLVD #400 EAST BOCA RATON, FL 33431 |
|---|---|



DO NOT WRITE IN THIS SPACE

01152004 No Chg-NP CR2E037 (10/03)

| | |
|---|---|
| 4. FEI Number 65-0519042 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**ASARCH, STEVEN J
1900 NW CORPORATE BLVD
SUITE 400 EAST
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

UD00000090894
03/17/04-80042-002 61.25

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PCD CAVELL, BRIAN G. 490 E. PALMETTO PARK RD BOCA RATON, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D CAVELL, DARCY 1808 OX BOTTOM LANE TALLAHASSEE, FL 32312 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD ASARCH, STEVEN J 1900 NW CORPORATE BLVD #400 EAST BOCA RATON, FL 33431 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 by executing this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **STEVEN J. ASARCH** **03-08-2004** **561-995-9991**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #