


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90009 016 \*\*\*\*61.25

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # 731249</b><br>1. Entity Name<br><b>BAKER COUNTY COUNCIL ON AGING, INC.</b>   |   |   |  |    |  |
| Principal Place of Business<br><b>101 E MACCLENNY AVENUE<br/>MACCLENNY, FL 32063</b>   |   |   | Mailing Address<br><b>101 E MACCLENNY AVENUE<br/>MACCLENNY, FL 32063</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.                                |   |  |
| City & State   |   |   | City & State   |   |  |
| Zip  |   | Country   |  | 4. FEI Number<br><b>59-1596339</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$8.75 Additional Fee Required</b>   |  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BAXLA, MARY F<br/>101 E MACCLENNY AVE<br/>MACCLENNY, FL 32063</b>  |   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>   |   |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>KITCHING, SAM<br>614 LAVERNE ST<br>MACCLENNY, FL 32063 <input type="checkbox"/> Delete                       |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>YARBROUGH, BARBARA<br>14578 JESSE YARBOROUGH RD<br>GLEN SAINT MARY, FL 32040 <input type="checkbox"/> Delete |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>JOHNS, TOMMY<br>149 NORTH 4TH STREET<br>MACCLENNY, FL 32063 <input checked="" type="checkbox"/> Delete      |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>LAMBRIGH, ROBERT<br>101 E MACCLENNY AVE<br>MACCLENNY FL 32063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>RIVERS, LAVURN<br>101 E MACCLENNY AVENUE<br>MACCLENNY, FL 32063 <input checked="" type="checkbox"/> Delete   |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>BLAKELY, TONNIE<br>230 NORTH BLVDE.<br>MACCLENNY FL 32063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ED<br>BAXLA, MARY<br>101 E MACCLENNY AVE<br>MACCLENNY, FL 32063 <input type="checkbox"/> Delete                   |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |   |  |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   |  | 3/2/06 (904) 259-2223<br><small>Date Daytime Phone #</small>  |  |