

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000003153

1. Entity Name

THE DUCHESS FUND, INC.



Principal Place of Business

408 - 14TH STREET S.W.
RUSKIN FL 33570

Mailing Address

408 - 14TH STREET S.W.
RUSKIN FL 33570

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3643018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKER, BARBARA
408 - 14TH STREET S.W.
RUSKIN FL 33570

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BAKER, BARBARA C ☐ Delete
STREET ADDRESS 408-14 ST SW
CITY- ST- ZIP RUSKIN FL 33570

TITLE VD
NAME BLANEY, RUTH B ☐ Delete
STREET ADDRESS 1884 COUNTY RT 43
CITY- ST- ZIP FORT EDWARD NY 12828

TITLE SD
NAME ARMSTRONG, SUSAN D ☐ Delete
STREET ADDRESS 2464 WALTON RD
CITY- ST- ZIP RUSHLAND PA 18956

TITLE TD
NAME BAKER, ROBERT G ☐ Delete
STREET ADDRESS 408-14 ST SW
CITY- ST- ZIP RUSKIN FL 33570

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
U000000029927
02/04/04-80088-003 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME
STREET ADDRESS
CITY- ST- ZIP

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 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.

SIGNATURE: Barbara C Baker BARBARA C. BAKER

2-1-04 813-641-1278