

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000003153

1. Entity Name
THE DUCHESS FUND, INC.



*pd
1-5-05*

Principal Place of Business
**408 - 14TH STREET S.W.
RUSKIN, FL 33570**

Mailing Address
**408 - 14TH STREET S.W.
RUSKIN, FL 33570**



01032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BAKER, BARBARA C
STREET ADDRESS	408-14 ST SW
CITY- ST- ZIP	RUSKIN, FL 33570
TITLE	VD
NAME	BLANEY, RUTH B
STREET ADDRESS	1884 COUNTY RT 43
CITY- ST- ZIP	FORT EDWARD, NY 12828
TITLE	SD
NAME	ARMSTRONG, SUSAN D
STREET ADDRESS	2464 WALTON RD
CITY- ST- ZIP	RUSHLAND, PA 18956
TITLE	TD
NAME	BAKER, ROBERT G
STREET ADDRESS	408-14 ST SW
CITY- ST- ZIP	RUSKIN, FL 33570
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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01/10/05-80066-009 61.25

**DO NOT WRITE
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)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-05
Date

813-641-1278
Daytime Phone #