

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90318 021 \*\*\*\*70.00

<b>DOCUMENT # N00000004190</b> 1. Entity Name <b>THE BAXLEY MANOR RESIDENT COUNCIL, INC.</b>					
Principal Place of Business <b>630 KUREK CT., #135 600 KUREK CT</b> <b>MERRITT ISLAND, FL 32953 #218</b>				Mailing Address <b>630 KUREK CT., #135 600 KUREK CT</b> <b>MERRITT ISLAND, FL 32953 #218</b>	
2. Principal Place of Business <b>600 KUREK CT</b> Suite, Apt. #, etc. <b>218</b>		3. Mailing Address <b>600 KUREK CT</b> Suite, Apt. #, etc. <b>218</b>			
City & State <b>MERRITT ISLAND FL</b> Zip <b>32953</b>		City & State <b>MERRITT ISLAND, FL</b> Zip <b>32953</b>		4. FEI Number <b>59-3655050</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>HOPKINS, JOHN D</b> <b>630 KUREK CT., #135</b> <b>MERRITT ISLAND, FL 32953</b>				7. Name and Address of New Registered Agent Name <b>MECHAEL JOHNSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>600 KUREK CT #218</b> City <b>MERRITT ISLAND FL</b>	
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 <u>Michael B Johnson</u> <u>President</u> <u>4-20-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <b>P</b> NAME <b>JOHNSON, MICHAEL</b> STREET ADDRESS <b>630 KUREK CT.</b> CITY-ST-ZIP <b>MERRITT ISLAND, FL 32953</b>	<input type="checkbox"/> Delete		TITLE <b>P</b> NAME <b>JOHNSON, MICHAEL</b> STREET ADDRESS <b>600 KUREK CT #218</b> CITY-ST-ZIP <b>MERRITT ISLAND, FL 32953</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>V</b> NAME <b>KITCHENS, DAVID VERNON</b> STREET ADDRESS <b>600 KUREK CT., #221</b> CITY-ST-ZIP <b>MERRITT ISLAND, FL 32953</b>	<input type="checkbox"/> Delete		TITLE <b>V</b> NAME <b>SNEED, IVORY</b> STREET ADDRESS <b>630 KUREK CT #162</b> CITY-ST-ZIP <b>MERRITT ISLAND, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>S</b> NAME <b>HILTON, JOAN</b> STREET ADDRESS <b>600 KUREK CT.</b> CITY-ST-ZIP <b>MERRITT ISLAND, FL 32953</b>	<input type="checkbox"/> Delete		TITLE <b>S</b> NAME <b>600 KUREK CT #121</b> STREET ADDRESS <b>600 KUREK CT #121</b> CITY-ST-ZIP <b>600 KUREK CT #121</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>T</b> NAME <b>MOORE, CAROLINE</b> STREET ADDRESS <b>630 KUREK CT.</b> CITY-ST-ZIP <b>MERRITT ISLAND, FL 32953</b>	<input type="checkbox"/> Delete		TITLE <b>T</b> NAME <b>MOORE, LEONA C</b> STREET ADDRESS <b>600 KUREK CT #218</b> CITY-ST-ZIP <b>MERRITT ISLAND, FL 32953</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>SNEED, IVORY</b> STREET ADDRESS <b>630 KUREK CT.</b> CITY-ST-ZIP <b>MERRITT ISLAND, FL 32953</b>	<input type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>PROLETTE, SANDRA</b> STREET ADDRESS <b>600 KUREK CT #229</b> CITY-ST-ZIP <b>MERRITT ISLAND, FL 32953</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>CALHOUN, PAT</b> STREET ADDRESS <b>600 KUREK CT., #201</b> CITY-ST-ZIP <b>MERRITT ISLAND, FL 32953</b>	<input type="checkbox"/> Delete		TITLE <b>P</b> NAME <b>HAYNES, ANDIE B.</b> STREET ADDRESS <b>630 KUREK CT</b> CITY-ST-ZIP <b>MERRITT ISLAND, FL 32953</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Michael B Johnson</u> <u>Michael B. Johnson</u> <u>4-20-05</u> <u>321-501-0708</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					