2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000005802

1. Entity Name
RICHARD T. AND MARTHA B. BAKER FOUNDATION OF FLORIDA INC.

Principal Place of Business	Mailing Address
4600 N OCEAN BLVD., #101 BOYNTON BEACH, FL 33435	4600 N OCEAN BLVD., #101 BOYNTON BEACH, FL 33435

DO NOT WRITE IN THIS SPACE

01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-6342389
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARD JOH, ERIK PA
4600 N OCEAN BLVD., #101
BOYNTON BEACH, FL 33435

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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BAKER, MARTHA B
STREET ADDRESS	4600 N OCEAN BLVD., #101
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	DST
NAME	FULLER SMITH, DONNA
STREET ADDRESS	4600 N OCEAN BLVD., #101
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	DVP
NAME	BAKER, LAURA
STREET ADDRESS	79 ROBLE AVE.
CITY-ST-ZIP	BERKELEY, CA 94705
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000432167
02/23/06-80058-009 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: Donna Fuller Smith Donna Fuller Smith 2/8/06 561-274-8990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #