

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001990

FILED
Apr 24, 2009
Secretary of State

Entity Name: BAKER COUNTY COMMUNITY DEVELOPMENT CENTER, INCORPORATED

Current Principal Place of Business:

6807 NW 37TH TERRACE
GAINESVILLE, FL 32653 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 130
SANDERSON, FL 32087 US

New Mailing Address:

FEI Number: 59-3710731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOLSTON, ERNEST JR.
6808 NW 37TH TERRACE
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FOLSTON, ERNEST JR.
Address: 7220 NW 128TH PLACE
City-St-Zip: ALACHUA, FL 32615

Title: ED () Delete
Name: FOLSTON, DOROTHY
Address: 7220 NW 128TH PLACE
City-St-Zip: ALACHUA, FL 32615

Title: TCFO () Delete
Name: RENTZ, ISHMAEL
Address: 6807 NW 37TH TERRACE
City-St-Zip: GAINESVILLE, FL 32653

Title: D () Delete
Name: RENTZ, TARCHA
Address: 6807 NW 37TH TERRACE
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISHMAEL RENTZ

TCFO

04/24/2009

Electronic Signature of Signing Officer or Director

Date