


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000000929	
1. Entity Name BENJAMIN J. BAKER NEIGHBORHOOD IMPROVEMENT ASSOCIATION, INC.	

Principal Place of Business 318 E. CHARLOTTE AVENUE PUNTA GORDA, FL 33950	Mailing Address PO BOX 511713 PUNTA GORDA, FL 33951-1713
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DO NOT WRITE IN THIS SPACE



03142005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HADDOCK, ELLISON
2300 LINTON LANE
PORT CHARLOTTE, FL 33952

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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: Ellison Haddock Ellison Haddock, Pres. 3/28/05

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stamping) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HADDOCK, ELLISON 2300 LINTON LANE PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAYNES, BOOKER T JR 512 E. HELEN AVENUE PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JONES, WILLIAM H SR 318 E. CHARLOTTE AVENUE PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARION, WALTER 427 SHOWALTER AVENUE PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, JOHN 624 SHOWALTER AVENUE PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/01/05-80064-002 70.00

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: Ellison Haddock Ellison Haddock 3/28/05 (941) 487-4820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #