

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000929

FILED  
May 31, 2006  
Secretary of State

**Entity Name:** BENJAMIN J. BAKER NEIGHTBORHOOD IMPROVEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

318 E. CHARLOTTE AVENUE  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 511713  
PUNTA GORDA, FL 339511713

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HADDOCK, ELLISON  
2300 LINTON LANE  
PORT CHARLOTTE, FL 33952 US

**Name and Address of New Registered Agent:**

HADDOCK, ELLISON  
28200 BERMONT ROAD  
APT 12C  
PUNTA GORDA, FL 33982 US

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: ELLISON HADDOCK

05/31/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HADDOCK, ELLISON  
Address: 2300 LINTON LANE  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: SD ( ) Delete  
Name: HAYNES, BOOKER T JR  
Address: 512 E. HELEN AVENUE  
City-St-Zip: PUNTA GORDA, FL 33950

Title: TD ( ) Delete  
Name: JONES, WILLIAM H SR  
Address: 318 E. CHARLOTTE AVENUE  
City-St-Zip: PUNTA GORDA, FL 33950

Title: VD ( ) Delete  
Name: MARION, WALTER  
Address: 427 SHOWALTER AVENUE  
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete  
Name: ALLEN, JOHN  
Address: 624 SHOWALTER AVENUE  
City-St-Zip: PUNTA GORDA, FL 33950

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HADDOCK, ELLISON  
Address: 28200 BERMONT ROAD, APT 12C  
City-St-Zip: PUNTA GORDA, FL 33982

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: B (X) Change ( ) Addition  
Name: GRIFFITHS, DANIELLE M  
Address: 2226 LAKESHORE CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information supplied with this filing does not qualify for the 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: ELLISON HADDOCK

P

05/31/2006

Electronic Signature of Signing Officer or Director

Date