


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90200 020 ****61.25

DOCUMENT # N03000010406					
1. Entity Name BAKER COUNTY TOUCHDOWN CLUB, INC.					
Principal Place of Business MEMORIAL STADIUM MACCLENNY, FL 32063			Mailing Address P O BOX 875 MACCLENNY, FL 32063		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0922224	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FOSTER, MORRIS L 15951 PIPER LN GLEN ST MARY, FL 32040			Name: <u>Tharpe, Richard K</u> Street Address (P.O. Box Number is Not Acceptable) <u>756 E Shuey St</u> City: <u>Maccleddy</u> FL Zip Code: <u>32063</u>		
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>Richard K. Tharpe (D)</u>			<u>Richard K Tharpe</u>		DATE: <u>4-25-05</u>
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		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOSTER, MORRIS L		NAME	Richard K Tharpe	
STREET ADDRESS	15951 PIPER LN		STREET ADDRESS	756 E Shuey St	
CITY-ST-ZIP	GLEN ST MARY, FL 32040		CITY-ST-ZIP	Maccleddy FL 32063	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, KENNETH		NAME		
STREET ADDRESS	P O BOX 874		STREET ADDRESS		
CITY-ST-ZIP	MACCLENNY, FL 32063		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASER, RYAN		NAME		
STREET ADDRESS	6311 SOUTHERN STATES NURSERY RD		STREET ADDRESS		
CITY-ST-ZIP	MACCLENNY, FL 32063		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YARBROUGH, W. BRIAN		NAME		
STREET ADDRESS	14696 JESSE YARBROUGH RD		STREET ADDRESS		
CITY-ST-ZIP	GLEN ST MARY, FL 32040		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORMAN, CINDY		NAME	Trippett, Barbara J	
STREET ADDRESS	11421 PINE LOOP		STREET ADDRESS	641 Laverne St	
CITY-ST-ZIP	GLEN ST MARY, FL 32040		CITY-ST-ZIP	Maccleddy FL 32063	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Barbra J Trippett (T)</u>			<u>Barbra J Trippett</u>		DATE: <u>4-25-05</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone # <u>904-289-7058</u>