2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2007
Secretary of State

DOCUMENT# N03000010406

Entity Name: BAKER COUNTY TOUCHDOWN CLUB, INC.

Current Principal Place of Business:

MEMORIAL STADIUM
1 SHUEY AVE
MACCLENNY, FL 32063

New Principal Place of Business:

Current Mailing Address:

P O BOX 875
MACCLENNY, FL 32063

New Mailing Address:

FEI Number: 20-0922224 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

THARPE, RICHARD K
756 E SHUEY STREET
MACCLENNY, FL 32063 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: D ( ) Delete
Name: THARPE, RICHARD K
Address: 756 E SHUEY STREET
City-St-Zip: MACCLENNY, FL 32063

Title: D ( ) Delete
Name: ROBERTS, KENNETH
Address: P O BOX 874
City-St-Zip: MACCLENNY, FL 32063

Title: D ( ) Delete
Name: FRASER, RYAN
Address: 6311 SOUTHERN STATES NURSERY RD
City-St-Zip: MACCLENNY, FL 32063

Title: D ( ) Delete
Name: YARBROUGH, W. BRIAN
Address: 14696 JESSE YARBROUGH RD
City-St-Zip: GLEN ST MARY, FL 32040

Title: D ( ) Delete
Name: TRIPPETT, BARBRA J
Address: 641 LAVERNE STREET
City-St-Zip: MACCLENNY, FL 32063

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:

Title: D (X) Change ( ) Addition
Name: THARPE, TRACEY M
Address: 433 AZALEA DR
City-St-Zip: MACCLENNY, FL 32063

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: RICHARD K. THARPE PRES 08/01/2007

Electronic Signature of Signing Officer or Director — Date