

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 07, 2008  
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)

**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 (X) Delete  
Name: THARPE, TRACEY M  
Address: 433 AZALEA DR  
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: ( ) 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: RICHARD K. THARPE

PRES

01/07/2008

Electronic Signature of Signing Officer or Director

Date