

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90067 016 ****61.25

DOCUMENT # N06000004926

1. Entity Name
BAKER AREA MINISTERIAL ASSOCIATION, INC.



Principal Place of Business
**1357 15TH ST.
BAKER, FL 32531**

Mailing Address
**1357 15TH ST.
BAKER, FL 32531**

40001861



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072008 Chg-NP CR2E037 (12/06)

4. FEI Number
13-4331110

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SKATES, JIM
1895 OWEN COTTON RD.
BAKER, FL 32531**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SKATES, JIM
STREET ADDRESS 1895 OWEN COTTON RD.
CITY-ST-ZIP BAKER, FL 32531

TITLE SD ☐ Delete
NAME STRICKLAND, EUGENE
STREET ADDRESS 102 EDNEY AVE. E
CITY-ST-ZIP CRESTVIEW, FL 32539

TITLE TD ☐ Delete
NAME MORGAN, CLIFFORD
STREET ADDRESS 1357 15TH ST.
CITY-ST-ZIP BAKER, FL 32531

TITLE ATD ☒ Delete
NAME WHEAT, DAVID
STREET ADDRESS 532 HWY 90 WEST
CITY-ST-ZIP HOLT, FL 32564

TITLE ☐ Delete
NAME HAWY, JERRY
STREET ADDRESS 5595 HWY 4, SOUTH
CITY-ST-ZIP BAKER, FL 32531

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #