

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009805

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: BAKER COMMUNITY HEALTH CENTER, INC.

## Current Principal Place of Business:

159 N. 3RD ST  
MACCLENNEY, FL 32063

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 484  
MACCLENNEY, FL 32063

## New Mailing Address:

FEI Number: 20-5672300

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUCHANAN, JOHN D JR.  
HENRY BUCHANAN HUDSON SUBER & CARTER, P.A.  
2508 BARRINGTON CIRCLE  
TALLAHASSEE, FL 32308 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: WILSON, CHARLES  
Address: 752 GRIFFINS CIR  
City-St-Zip: MACCLENNEY, FL 32063

Title: D ( ) Delete  
Name: RAULERSON, SHERRIE  
Address: 159 N. 3RD ST  
City-St-Zip: MACCLENNEY, FL 32063

Title: D ( ) Delete  
Name: BLAKLEY, TONNIE  
Address: 230 N. BLVD E.  
City-St-Zip: MACCLENNEY, FL 32063

Title: D ( ) Delete  
Name: DOPSON, GARY  
Address: 159 N. 3RD ST  
City-St-Zip: MACCLENNEY, FL 32063

Title: D ( ) Delete  
Name: KENNEDY, STEVE  
Address: RT 1 BOX 519  
City-St-Zip: MACCLENNEY, FL 32063

Title: D ( ) Delete  
Name: BARTON, PAULA  
Address: 159 N. 3RD ST  
City-St-Zip: MACCLENNEY, 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:

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: DENNIS R MARKOS

CEO

03/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date