2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2010
Secretary of State

DOCUMENT# N06000012765

Entity Name: BAKER CORRECTIONAL DEVELOPMENT CORPORATION

Current Principal Place of Business:

1190 W. MACCLENNY AVE.
MACCLENNY, FL 32063

New Principal Place of Business:

1 SHERIFF'S OFFICE DRIVE
MACCLENNY, FL 32063

Current Mailing Address:

PO BOX 749
MACCLENNY, FL 32063

New Mailing Address:

1 SHERIFF'S OFFICE DRIVE
MACCLENNY, FL 32063

FEI Number: 20-8376555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, TERENCE M
486 NORTH TEMPLE AVENUE
STARKE, FL 32091 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
Name: BARTON, PAULA
Address: 1 SHERIFF'S OFFICE DRIVE
City-St-Zip: MACCLENNY, FL 32063

Title: PD
Name: KNABB, TODD
Address: 1 SHERIFF'S OFFICE DRIVE
City-St-Zip: MACCLENNY, FL 32063

Title: VPD
Name: PAYNE, LARRY
Address: 1 SHERIFF'S OFFICE DRIVE
City-St-Zip: MACCLENNY, FL 32063

Title: D
Name: ROBINSON, ALEX
Address: 1 SHERIFF'S OFFICE DRIVE
City-St-Zip: MACCLENNY, FL 32063

Title: SD
Name: WHITEHEAD, PAUL
Address: 1 SHERIFF'S OFFICE DRIVE
City-St-Zip: MACCLENNY, FL 32063

I hereby 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 all other like empowered.

SIGNATURE: JEFFREY COX FM 02/11/2010

Electronic Signature of Signing Officer or Director — Date