

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011614

FILED  
Mar 04, 2009  
Secretary of State

Entity Name: BAKER COUNTY RIVER CATS, INC.

**Current Principal Place of Business:**

7750 MUDLAKE ROAD  
MACCLENNY, FL 32063

**New Principal Place of Business:**

633 N BLVD WEST  
MACCLENNY, FL 32063

**Current Mailing Address:**

7750 MUDLAKE ROAD  
MACCLENNY, FL 32063

**New Mailing Address:**

P O BOX 611  
MACCLENNY, FL 32063

FEI Number: 33-1193135

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HANKS, MARTY R  
7750 MUDLAKE ROAD  
MACCLENNY, FL 32063 US

**Name and Address of New Registered Agent:**

RODGERS, DARRELL  
633 N BLVD WEST  
MACCLENNY, FL 32063 US

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: DARRELL RODGERS

03/04/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HANKS, MARTY R  
Address: 7750 MUDLAKE ROAD  
City-St-Zip: MACCLENNY, FL 32063

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: RODGERS, DARRELL  
Address: 633 N BLVD WEST  
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: DARRELL RODGERS

P

03/04/2009

Electronic Signature of Signing Officer or Director

Date