

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90009 010 ****61.25

DOCUMENT # N21417

1. Corporation Name

BAKER ACADEMY ALUMNI FOUNDATION, INC.

Principal Place of Business

% EARLENE T. OLIVER
26364 ASUNCION DRIVE
PUNTA GORDA FL 33983

Mailing Address

% EARLENE T. OLIVER
26364 ASUNCION DRIVE
PUNTA GORDA FL 33983



617276 - 90009 - 10

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 EARLENE T. OLIVER		26 EARLENE T. OLIVER		06/30/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 527 CRANDALL ST NW		27 527 CRANDALL ST NW		59-2601407	
City & State		City & State		Applied For	
23 Port Charlotte FL		28 Port Charlotte FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24 33952		29 33952		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 Charlotte		30 Charlotte		Trust Fund Contribution <input type="checkbox"/>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
HILL, ROSCOE 390 MONACO DRIVE PUNTA GORDA FL 33950		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City			
		FL 85 Zip Code			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, EARLENE T	1.2 NAME	
STREET ADDRESS	26364 ASUNCION DRIVE	1.3 STREET ADDRESS	527 CRANDALL ST NW
CITY-ST-ZIP	PUNTA GORDA FL 33983	1.4 CITY-ST-ZIP	Port Charlotte FL
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, ROSCOE	2.2 NAME	
STREET ADDRESS	390 MONACO DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLS, BARBARA	3.2 NAME	
STREET ADDRESS	3381 WESTLUND TERR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, BRENICE	4.2 NAME	
STREET ADDRESS	402 IDA AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, JOHN	5.2 NAME	
STREET ADDRESS	624 E. SHOWAL TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, CHARLIE ANN	6.2 NAME	
STREET ADDRESS	26372 ASUNCION DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33983	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 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 #

9/14/99 941-764-1295

CR2E037 (5/99)