2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State
03-18-2005 90042 027 ****70.00

DOCUMENT # N22059

1. Entity Name
BAKER AREA RECREATION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5503 HIGHWAY 4 BAKER, FL 32531 US	P.O.BOX 506 BAKER, FL 32531 US

03082005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAMPBELL, FERRIN C. P.O. BOX 506 5693 HWY 4 BAKER, FL 32531	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BARNHILL, WILLIAM A 5847 BUCK WARD RD BAKER, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BEN SMITH 6120 BARNES Road CRESTVIEW, FLORIDA 32536	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSS, TIM 841 MELTON RD BAKER, FL 32531	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GEORGE ELDER 4960 GALIVER CUTOFF BAKER FLORIDA 32531	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSSI, ANDY 5742 GRIFFITH MILL ROAD BAKER, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Clyde LEWIS 5827 HWY 189 NORTH BAKER, FLORIDA 32531	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FISHER, JOSEPH L 5343 WALKER LANE BAKER, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC MATHIS 6118 Buck Ward Rd BAKER, FLORIDA 32531	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HUNT, HELEN S 5687 HWY 4 BAKER, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Russ SNEDDON 6393 W. Hwy 4 BAKER, FLORIDA 32531	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DUENAS, SUZANNE 1527 MASSICK RD. BAKER, FL 32531	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: Joseph R. Fisher JOSEPH R. FISHER 10 MAR 2005 8505373638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #