

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90042 015 ****61.25

DOCUMENT # N22059

1. Entity Name
BAKER AREA RECREATION ASSOCIATION, INC.



Principal Place of Business
**5503 HIGHWAY 4
BAKER, FL 32531 US**

Mailing Address
**P.O. BOX 506
BAKER, FL 32531 US**

50002162



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 **P** ☐ Delete
NAME **BARNHILL, WILLIAM A**
STREET ADDRESS **5847 BUCK WARD ROAD**
CITY-ST-ZIP **BAKER, FL 32531**

TITLE **ST** ☒ Change ☒ Addition
NAME **MARK TODD**
STREET ADDRESS **1006 SHALIMAR POINT DR.**
CITY-ST-ZIP **SHALIMAR, FL 32579**

TITLE **S** ☐ Delete
NAME **MATHIS, JOY**
STREET ADDRESS **6118 BUCKBOARD ROAD**
CITY-ST-ZIP **BAKER, FL 32531**

TITLE **D** ☐ Change ☒ Addition
NAME **NANCY PHILLIPS**
STREET ADDRESS **5411 HILTON ROAD**
CITY-ST-ZIP **BAKER FL. 32531**

TITLE **D** ☒ Delete
NAME **ROSSI, ANDY**
STREET ADDRESS **5742 GRIFFITH MILL ROAD**
CITY-ST-ZIP **BAKER, FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Hughdon Holley**
STREET ADDRESS **7000 BEAVER CREEK Rd.**
CITY-ST-ZIP **BAKER, FL 32531**

TITLE **T** ☒ Delete
NAME **FISHER, JOSEPH R**
STREET ADDRESS **5343 WALKER LANE**
CITY-ST-ZIP **BAKER, FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Tim Ross**
STREET ADDRESS **841 MELTON Rd.**
CITY-ST-ZIP **BAKER, FL, 32531**

TITLE **D** ☒ Delete
NAME **HUNT, HELEN S**
STREET ADDRESS **5687 HWY 4**
CITY-ST-ZIP **BAKER, FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Russ Swedden**
STREET ADDRESS **6898 W. HWY 4**
CITY-ST-ZIP **BAKER FL. 32531**

TITLE **VP** ☐ Delete
NAME **SMITH, BEN**
STREET ADDRESS **6120 BARNES ROAD**
CITY-ST-ZIP **CRESTVIEW, FL 32536**

TITLE **D** ☐ Change ☒ Addition
NAME **JIM SILCOX**
STREET ADDRESS **1521 DADS Rd.**
CITY-ST-ZIP **BAKER, FL. 32531**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *William A. Barnhill*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 24 2008 850-803-2367
Date Daytime Phone #