

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22059

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: BAKER AREA RECREATION ASSOCIATION, INC.

## Current Principal Place of Business:

5503 HIGHWAY 4  
BAKER, FL 32531 US

## New Principal Place of Business:

## Current Mailing Address:

P.O.BOX 506  
BAKER, FL 32531 US

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAMPBELL, FERRIN C.  
P.O. BOX 506  
5693 HWY 4  
BAKER, FL 32531 US

## Name and Address of New Registered Agent:

CAMPBELL, FERRIN C.  
5693 HWY 4  
BAKER, FL 32531 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:

02/26/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: TODD, MARK  
Address: 1006 SHALIMAR POINT DR  
City-St-Zip: SHALIMAR, FL 32579

Title: S ( ) Delete  
Name: MATHIS, JOY  
Address: 6118 BUCKBOARD ROAD  
City-St-Zip: BAKER, FL 32531

Title: D ( ) Delete  
Name: HUGKDON, HOLLEY  
Address: 7000 BUAVIER CREEK RD  
City-St-Zip: BAKER, FL 32531

Title: D ( ) Delete  
Name: ROSS, TIM  
Address: 841 MELTON RD  
City-St-Zip: BAKER, FL 32531

Title: D ( ) Delete  
Name: SNEDDON, RUSS  
Address: 6393 W. HWY 4  
City-St-Zip: BAKER, FL 32531

Title: VP ( ) Delete  
Name: SMITH, BEN  
Address: 6120 BARNES ROAD  
City-St-Zip: CRESTVIEW, FL 32536

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BARNHILL, WILLIAM  
Address: 5847 BUCK WARD ROAD  
City-St-Zip: BAKER, FL 32531

Title: S (X) Change ( ) Addition  
Name: MATHIS, JOY  
Address: HIGHWAY 189  
City-St-Zip: BAKER, FL 32531

Title: T (X) Change ( ) Addition  
Name: FISHER, JOSEPH  
Address: 5343 WALKER LANE  
City-St-Zip: BAKER, FL 32531

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: TODD, MARK  
Address: 106 SHALIMAR POINT DR.  
City-St-Zip: SHALIMAR, FL 32579

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOSEPH R. FISHER

T

02/26/2009

Electronic Signature of Signing Officer or Director

Date