


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

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| DOCUMENT # N28367 |  |
| 1. Entity Name BAKER HOUSE RESTORATION PROJECT, INC. | |

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| Principal Place of Business 5744 MOOG ROAD HOLIDAY, FL 34690 | Mailing Address P.O. BOX 116 ELFERS, FL 34680 |
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DO NOT WRITE IN THIS SPACE



01112006 No Chg-NP CR2E037 (11/05)

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| 4. FEI Number 59-2895675 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent WILLIAMS, MARTHA H 7025 COGNAC DR #4 NEW PORT RICHEY, FL 34653 |
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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BAKER, GORDON 5822 VAN BUREN ST NEW PORT RICHEY, FL 34653 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LOECHELT, JOYCE 5145 ROSEWOOD DR NEW PORT RICHEY, FL 34653 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CLAYTON, MAXINE P.O. BOX 5631 N/A HUDSON, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WILLIAMS, MARTHA H 7025 COGNAC DR. #4 NEW PORT RICHEY, FL 346532040 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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: Martha H. Williams (Martha H. Williams) 01-12-06 927-849-4708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #