

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N28367

1. Entity Name
BAKER HOUSE RESTORATION PROJECT, INC.



Principal Place of Business
**5744 MOOG ROAD
HOLIDAY, FL 34690**

Mailing Address
**P.O. BOX 116
ELFERS, FL 34680**



01152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

**WILLIAMS, MARTHA H
7025 COGNAC DR
#4
NEW PORT RICHEY, FL 34653**

**DO NOT WRITE
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 _____

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BAKER, GORDON
STREET ADDRESS	5822 VAN BUREN ST
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653

TITLE	VD
NAME	LOECHELT, JOYCE
STREET ADDRESS	5145 ROSEWOOD DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653

TITLE	SD
NAME	CLAYTON, MAXINE
STREET ADDRESS	P.O. BOX 5631 N/A
CITY-ST-ZIP	HUDSON, FL

TITLE	TD
NAME	WILLIAMS, MARTHA H
STREET ADDRESS	7025 COGNAC DR. #4
CITY-ST-ZIP	NEW PORT RICHEY, FL 346532040

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-15-07
Date

727-849-4708
Daytime Phone #

U00000596334
01/23/07-80075-016 70.00

**DO NOT WRITE
IN THIS SPACE**