

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

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N31444</b> 1. Entity Name BAKER COUNTY EDUCATION FOUNDATION, INC.	
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Principal Place of Business C/O GLENN MCKENDREE 392 SOUTH BOULEVARD EAST MACCLENNY, FL 32063 US	Mailing Address C/O GLENN MCKENDREE 392 SOUTH BOULEVARD EAST MACCLENNY, FL 32063 US
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**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2949545	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LYONS, JAMES G  
106 W BLVD N  
MACCLENNY, FL 32063

**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD KENNEDY, JOHN 595 SOUTH SIXTH ST MACCLENNY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARBER, GINGER 20 EAST MACCLENNY AVENUE MACCLENNY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCKENDREE, GLENN 392 S BLVD MACCLENNY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LYONS, JAMES G. 657 S 6TH STREET MACCLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAULERSON, PAUL 12729 NORTH COUNTY ROAD 125 GLEN SAINT MARY, FL 32040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTON, PAULA T 392 SOUTH BOULEVARD E. MACCLENNY, FL

U00000582771  
01/11/07-80045-004 61.25

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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Glenn Mckendree 1-5-07