2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31444

FILED Mar 12, 2009 Secretary of State

Entity Name: BAKER COUNTY EDUCATION FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O GLENN MCKENDREE 392 SOUTH BOULEVARD EAST MACCLENNY, FL 32063 US

Current Mailing Address: New Mailing Address:

FEI Number Applied For ()

C/O GLENN MCKENDREE 392 SOUTH BOULEVARD EAST MACCLENNY, FL 32063 US

FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

392 SOUTH BOULEVARD EAST

MACCLENNY, FL 32063

LYONS, JAMES G 106 W BLVD N

FEI Number: 59-2949545

MACCLENNY, FL 32063 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:

Flateria Circular of Deviators I Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: P (X) Change () Addition Name: REGISTER, DARRYL Name: REGISTER, DARRYL Address: 2 MACCLENNY AVE REGISTER, DARRYL 2 MACCLENNY AVE

Address: 2 MACCLENNY AVE
City-St-Zip: MACCLENNY, FL 32063

Address: 2 MACCLENNY AVE
City-St-Zip: MACCLENNY, FL 32063

MACCLENNY, FL 32063

Title: () Delete Title: (X) Change () Addition RUISE, JOE NATHAN Name: RUISE, JOE NATHAN Name: Address: 10153 ORA RUISE RD Address: 10153 ORA RUISE RD City-St-Zip: MARGARETTA, FL City-St-Zip: MARGARETTA, FL 32087 US

Title: S () Delete Title: S (X) Change () Addition

Name: MCKENDREE, GLENN Name: BURCH, ANNA M Address: 392 S BLVD Address: 392 S BLVD

City-St-Zip: MACCLENNY, FL 32063 US

Title: TD () Delete Title: T (X) Change () Addition

 Name:
 LYONS, JAMES G.
 Name:
 LYONS, JAMES G.

 Address:
 657 S 6TH STREET
 Address:
 106 W BLVD N

 City-St-Zip:
 MACCLENNY, FL 32063
 City-St-Zip:
 MACCLENNY, FL 32063 US

City-St-Zip: MACCLENNY, FL 32063 City-St-Zip: MACCLENNY, FL 32063 US

Title: D () Delete Title: () Change () Addition Name: RAULERSON, PAUL Name: Address: 12729 NORTH COUNTY ROAD 125 Address:

City-St-Zip: GLEN SAINT MARY, FL 32040 City-St-Zip:

Title: () Delete Title: (X) Change () Addition BARTON, PAULA T RAULERSON, SHERRIE E Name: Name: Address: 392 SOUTH BOULEVARD E. Address: 392 SOUTH BOULEVARD E. MACCLENNY, FL MACCLENNY, FL 32063 US City-St-Zip: 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: GLENN MCKENDREE CEO 03/12/2009