


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90024 050 ****61.25

DOCUMENT # N44675					
1. Entity Name BAKER AREA YOUTH ASSOCIATION, INCORPORATED					
Principal Place of Business 1420 CHARLIE DAY ROAD BAKER, FL 32531			Mailing Address PO BOX 191 BAKER, FL 32531		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3124197				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COOK, STEFFANIE 989 STATE LINE ROAD BAKER, FL 32531			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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: <i>Steffanie E Cook</i>		DATE: <i>Feb. 16, 2004</i>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Jernigan, Andrew	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DOUG		NAME	5889 Hwy 4W	
STREET ADDRESS	5729 GRIFFITH MILL RD.		STREET ADDRESS	Baker, FL 32531	
CITY-ST-ZIP	BAKER, FL 32531		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Derrick, Leo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERNIGAN, ANDREW		NAME	4690 middlebrooks Rd	
STREET ADDRESS	5889 HWY 4 W		STREET ADDRESS	Holt, FL 32564	
CITY-ST-ZIP	BAKER, FL 32531		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, SHARON		NAME		
STREET ADDRESS	115 BUTLER CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW, FL 32536		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, STEFFANIE		NAME		
STREET ADDRESS	989 STATE LINE RD.		STREET ADDRESS		
CITY-ST-ZIP	BAKER, FL 32531		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i>		Director		Date: <i>2/16/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: <i>850-957-6170</i>	

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