


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90058 031 \*\*\*\*70.00

<b>DOCUMENT # N44675</b>					
1. Entity Name <b>BAKER AREA YOUTH ASSOCIATION, INCORPORATED</b>					
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	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
				\$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 <u>Marelli, Leisa A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1714 Pickens Circle</u> City <u>Baker</u> <b>FL</b> Zip Code <u>32531</u>	
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 <u>Leisa A. Marelli</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				TREASURER <u>1/21/05</u> <small>(NOTE: Registered Agent signature required when reappointing)</small> DATE	
Filing Fee is \$61.25 Due by May 1, 2005		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	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JERNIGGA, ANDREW		NAME	Kersey, Joe	
STREET ADDRESS	5889 HWY 4W		STREET ADDRESS	1284 Innsbrook Lane	
CITY-ST-ZIP	BAKER, FL 32531		CITY-ST-ZIP	Holt, Florida 32564	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERRICK, LEO		NAME		
STREET ADDRESS	4690 MIDDLEBROOKS RD.		STREET ADDRESS		
CITY-ST-ZIP	HOLT, FL 32564		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D/S	<input checked="" 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 checked="" type="checkbox"/> Delete	TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOK, STEFFANIE		NAME	Marelli, Leisa	
STREET ADDRESS	989 STATE LINE RD.		STREET ADDRESS	1714 Pickens Circle	
CITY-ST-ZIP	BAKER, FL 32531		CITY-ST-ZIP	Baker, Florida 32531	
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: <u>Sharon A. Adams</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>1-21-2005</u> Daytime Phone # <u>850-537-4549</u>	

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