



FILED
Jan 10, 2006 08:00 AM
Secretary of State

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|---|--|---|--|---|--|
| DOCUMENT # N44675 1. Entity Name BAKER AREA YOUTH ASSOCIATION, INCORPORATED | |  | | Jan 10, 2006 08:00 AM Secretary of State | |
| Principal Place of Business 1420 CHARLIE DAY ROAD BAKER, FL 32531 | | Mailing Address PO BOX 191 BAKER, FL 32531 | |  | |
| DO NOT WRITE IN THIS SPACE | | | | 01052006 No Chg-NP CR2E037 (11/05) | |
| | | | | 4. FEI Number 59-3124197 Applied For Not Applicable | |
| DO NOT WRITE IN THIS SPACE | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | | |
| 6. Name and Address of Current Registered Agent MARELLI, LEISA A 1714 PICKENS CIRCLE BAKER, FL 32531 | | | | 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 nonstatutory) | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | DO NOT WRITE IN THIS SPACE J000000381741 01/11/06-80067-013 61.25 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DV KERSEY, JOE 1284 INNSBROOK LANE HOLT, FL 32564 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DP DERRICK, LEO 4690 MIDDLEBROOKS RD. HOLT, FL 32564 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DS ADAMS, SHARON 115 BUTLER CIRCLE CRESTVIEW, FL 32536 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DT MARELLI, LEISA 1714 PICKENS CIRCLE BAKER, FL 32531 | | | |
| 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: <u>Leisa A. Marelli</u> 1-5-06 850-537-239 | | | | | |