
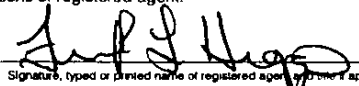
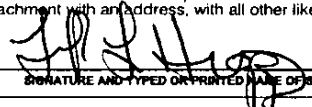


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90065 014 ****70.00

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3124197	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MARELLI, LEISA A 1714 PICKENS CIRCLE BAKER, FL 32531					
7. Name and Address of New Registered Agent Name HIGGINS, FRANK Street Address (P.O. Box Number is Not Acceptable) 5301 HARE ST #12 City CRESTVIEW FL Zip Code 32539					
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  FRANK L. HIGGINS TREASURER 1-16-08 <small>Signature, typed or printed name of registered agent, if not applicable. (NOTE: Registered Agent signature required when remaining) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	DV KERSEY, JOE 1284 INNSBROOK LANE HOLT, FL 32564	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DERRICK, LEO 4690 MIDDLEBROOKS RD. HOLT, FL 32564	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RICKMON, NICOLE 1901 HORSECREEK RD BAKER, FL 32531	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NIXON, CATHERINE 1341 CHARLIE DAY RD BAKER, FL 32531	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WAGNER, JIM 6241 BETHANY RD CRESTVIEW, FL 32539	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HIGGINS, FRANK 5301 HARE ST #12 CRESTVIEW, FL 32539	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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:  FRANK L. HIGGINS 1-16-08 850-850-7520 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					