

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44675

FILED  
Mar 07, 2009  
Secretary of State

**Entity Name:** BAKER AREA YOUTH ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

1420 CHARLIE DAY ROAD  
BAKER, FL 32531

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 191  
BAKER, FL 32531

**New Mailing Address:**

P.O. BOX 191  
BAKER, FL 32531

**FEI Number:** 59-3124197

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HIGGINS, FRANK  
5301 HARE ST #12  
CRESTVIEW, FL 32539 US

**Name and Address of New Registered Agent:**

RICKMON, NICOLE TREASUR  
1901 HORSECREEK ROAD  
BAKER, FL 32531 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: NICOLE RICKMON

03/07/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: DERRICK, LEO  
Address: 4690 MIDDLEBROOKS RD.  
City-St-Zip: HOLT, FL 32564

Title: DV ( ) Delete  
Name: RICKMON, NICOLE  
Address: 1901 HORSECREEK RD  
City-St-Zip: BAKER, FL 32531

Title: DS ( ) Delete  
Name: WAGNER, JIM  
Address: 6241 BETHANY RD  
City-St-Zip: CRESTVIEW, FL 32539

Title: DT ( ) Delete  
Name: HIGGINS, FRANK  
Address: 5301 HARE ST #12  
City-St-Zip: CRESTVIEW, FL 32539

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: DERRICK, LEO  
Address: 4690 MIDDLEBROOKS ROAD  
City-St-Zip: HOLT, FL 32564

Title: DV (X) Change ( ) Addition  
Name: ELLIS, LEE  
Address: 6661 SHERMAN KENNEDY ROAD  
City-St-Zip: BAKER, FL 32531

Title: DS (X) Change ( ) Addition  
Name: WAGNER, JIM  
Address: 6241 BETHANY DRIVE  
City-St-Zip: CRESTVIEW, FL 32539

Title: DT (X) Change ( ) Addition  
Name: RICKMON, NICOLE  
Address: 1901 HORSECREEK ROAD  
City-St-Zip: BAKER, FL 32531

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: NICOLE RICKMON

DT

03/07/2009

Electronic Signature of Signing Officer or Director

Date