


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N92000000578 <small>1. Entity Name</small> THE WARREN L. BAKER FOUNDATION, INC.	
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Principal Place of Business 2822 LINTHICUM PLACE TAMPA, FL 33618	Mailing Address 2822 LINTHICUM PLACE TAMPA, FL 33618
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04182004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3158655	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BAKER, STEPHEN L 2822 LINTHICUM PLACE TAMPA, FL 33618

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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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rotating)</small>	DATE
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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
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000000122876 04/21/04-80048-015 61.25
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10. OFFICERS AND DIRECTORS	
TITLE PD	NAME BAKER, STEPHEN L.
STREET ADDRESS 2822 LINTHICUM PL	CITY - ST - ZIP TAMPA, FL 33618
TITLE TD	NAME BAKER, MARY G.
STREET ADDRESS 2822 LINTHICUM PL	CITY - ST - ZIP TAMPA, FL
TITLE SD	NAME BAKER, BETSY
STREET ADDRESS 13703 WESTSHIRE	CITY - ST - ZIP TAMPA, FL 33618
TITLE NAME	STREET ADDRESS CITY - ST - ZIP
TITLE NAME	STREET ADDRESS CITY - ST - ZIP
TITLE NAME	STREET ADDRESS CITY - ST - ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>Typed or printed name of signing officer or director</small>	Date 18 April 2004	Daytime Phone # 9334639
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