


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000004519</b>	
1. Entity Name <b>THE MARGARET JO BAKER PRIVATE FOUNDATION, INC.</b>	

Principal Place of Business <b>C/O STEVEN J. ASARCH 1900 NW CORPORATE BLVD #400 EAST BOCA RATON, FL 33431</b>	Mailing Address <b>C/O STEVEN J. ASARCH 1900 NW CORPORATE BLVD #400 EAST BOCA RATON, FL 33431</b>
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01152004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0523838</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**ASARCH, STEVEN J  
1900 NW CORPORATE BOULEVARD  
SUITE 400 EAST  
BOCA RATON, FL 33431**

**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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**U000000030993  
03/17/04-80042-001 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD BRIAN G. CAVELL 490 E. PALMETTO PARK RD. BOCA RATON, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CAVELL, DARCY 1808 OX BOTTOM LANE TALLAHASSEE, FL 32312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD ASARCH, STEVEN J 1900 NW CORPORATE BLVD #400 EAST BOCA RATON, FL 33431</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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 or other like empowered.

**SIGNATURE:**  **STEVEN J. ASARCH** **03-28-2004** **561-995-9991**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #