20	06 NOT-FOR-PRO ANNUAL	FILED Apr 06, 2006 8:00 am Secretary of State						
DOCUMENT # N9400004519 1. Entity Name THE MARGARET JO BAKER PRIVATE FOUNDATION,						-06-2006 90005 0		
INC.								
Principal Place of Business Mailing Address C/O STEVEN J. ASARCH C/O STEVEN J. ASARCH 1900 NW CORPORATE BLVD #400 EAST 1900 NW CORPORATE BLVD BOCA RATON, FL 33431 BOCA RATON, FL 33431				≠400 EAST				
2. Principal P	Place of Business	3. Mailing Address			T TERUTAT BUS LUU BIRT BRUT BRUT BRUT BRUT BRUT BLUT BURT BURT BURT BURT BURT BURT BURT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03302006 Chg-NP CR2E037 (11/05)			
City & Stat	le	City & State			4. FEI Number Applied For 65-0523838 Not Applicable			
Zip	Country Zip		Co	untry	5. Certificate of Status Desired S8.75 Additional Fee Required			litional
	6. Name and Address of Current	1	7. Name and Address of New Registered Agent					
ASARCH, STEVEN J 1900 NW CORPORATE BOULEVARD SUITE 400 EAST BOCA RATON, FL 33431				Name Street Address (P.O. Box Number is Not Acceptable)				
				City	FL Zip Code			
	a named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent of			ed office or register		DATE		
Filing Fee is \$61.259. Election CampaDue by May 1, 2006Trust Fund Cont								
10. TITLE	OFFICERS AND DIF		11. TITL		ADDITIONS/CHANG	ES TO OFFICERS AND L	DIRECTORS IN Change	10 Addition
NAME STREET ADDRESS CITY-ST-ZIP	BRIAN G. CAVELL NAM s 490 E: PALMETTO PARK-RD. STR			ITHE 1808 Ox Bottom Lane ITY-ST-ZIP Tallahassee, FL 32312				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVELL, DARCY 1808 OX BOTTOM LANE TALLAHASSEE, FL 32312	Delete		E	<u> </u>		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				1			🔲 Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		🗆 Delete					🔲 Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Detete		i.	· · · ·		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		1			Change	Addition
12. I hereby indicated of the cor changed	certify that the information supplied with on this report or supplemental report is poration or the receiver on 105 of eppe- , or on an attachment with an address, v "URE:	this filling does not qualify in true and accurate and that were to export this peper with all other like enviowered with all other like enviowered	my signa t as requ t.	iture shall have the ired by Chapter 617	same legal effect as i 7, Florida Statutes; an	ida Statutes. I further ce f made under oath; that d that my name appears	rtify that the in am an officer in Block 10 or 561 995- Davtime Phone #	formation or director Block 11 if