2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# N97000006676

Entity Name: THE BAIRD CENTER ASSOCIATION, INC.

Current Principal Place of Business:

619 SOUTH MAIN STREET
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

619 SOUTH MAIN STREET
SUITE K
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-3483856 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURPHY, MELISSA JAY
703 N.E. 1ST STREET
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: THOMAS, KINNON
Address: 619 SOUTH MAIN STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete
Name: SHITAMA, CELESTE
Address: 619 SOUTH MAIN STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete
Name: SHITAMA, GLENN A
Address: 619 SOUTH MAIN STREET
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: CLARK, GALE
Address: 619 SOUTH MAIN STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KINNON THOMAS PD 01/06/2004

Electronic Signature of Signing Officer or Director — Date