

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006676

FILED
Jan 16, 2009
Secretary of State

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:

THOMAS, KINNON
619 S. MAIN ST. STE. K
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: CLARK, GALE
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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: KINNON THOMAS

PD

01/16/2009

Electronic Signature of Signing Officer or Director

Date