
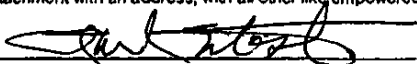


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90037 034 \*\*\*\*61.25

|   |   |  |  |
|---|---|--|--|
| <b>DOCUMENT # N98000000088</b>  |   |   |  |
| 1. Entity Name<br><b>BAKER COUNTY YOUTH HOPE CENTER, INC.</b>   |   |  |  |
| Principal Place of Business<br><b>65 W. MCIVER AVENUE<br/>MACLENNY FL 32063<br/>US</b>  |   | Mailing Address<br><b>P.O. BOX 1064<br/>MACLENNY FL 32063</b>  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |
| City & State  |   | City & State   |  |
| Zip   | Country   | Zip  | Country  |
| 4. FEI Number<br><b>59-3493025</b>  |   | Applied For<br><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<br><b>ROSIER, PHYLLIS M<br/>100 WEST CALL STREET<br/>STARKE FL 32091</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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 _____   |   |  |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>               |  |
| <b>Make Check Payable to Florida Department of State</b>  |   |  |  |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PMD<br/>WEST, CARL L<br/>4209 HICKORY ST.<br/>MACLENNY FL 32063</b> <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>LANKFORD, ROGER-TREASURER<br/>14276 LEONARD DR<br/>MACLENNY, FL 32063</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>HARVEY, ALANA<br/>RT 1 450 DOGWOOD ST<br/>JACKSONVILLE FL 32246</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>PATRICIA ADDISON<br/>9953 COUNTRY ROAD<br/>GLEN ST. MARY, FL 32040</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>C<br/>RUISE, JOE<br/>10153 ORA-RUISE RD.<br/>MARGARETTA FL 32040</b> <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>LORETTA, WEST<br/>4209 HICKORY ST<br/>MACLENNY FL 32063</b> <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>GRIFFIS, FRANKLIN<br/>HWY 125 S. GLEN<br/>GLEN ST. MARY FL 32040</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>S<br/>JONES, DAVID<br/>762B RAMBLER ROAD<br/>JACKSONVILLE FL 32244</b> <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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:   |   | Date: <b>3/9/05 (904) 291-6286</b>   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Date Daytime Phone #   |  |