


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # N98000003760 1. Entity Name JOAN & MILTON BAXT FOUNDATION, INC.	
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Principal Place of Business 1201 SOUTH OCEAN DRIVE APT PH1-S HOLLYWOOD BEACH, FL 33019 US	Mailing Address 1201 SOUTH OCEAN DRIVE APT PH1-S HOLLYWOOD BEACH, FL 33019 US
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04122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 52-2107158	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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, 2007

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIEGLER, CARL 5155 DOWN WEST RIDE COLUMBIA, MD 21044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAXT, JOAN 1201 SOUTH OCEAN DRIVE PH1-S HOLLYWOOD BEACH, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHERMER, JENNIFER 2160 ST ANDREWS CIRCLE BETTENDORF, IA 52722
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/01/07-80032-014 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Joan Baxt - director 4/14/07 954-922-4647
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #