


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000003760
 1. Entity Name
 JOAN & MILTON BAXT FOUNDATION, INC.



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

DO NOT WRITE IN THIS SPACE



04142008 No Chg-NP CR2E037 (4/06)

4. FEI Number
 52-2107158

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2008

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

1100000907938
 05/06/08-80007-013 70.00

10. OFFICERS AND DIRECTORS

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

DO NOT WRITE IN THIS SPACE

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:  **4/14/08** **410-766-0113**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #