

**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**



04142008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

110000009072338  
05/06/08-800007-013 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08  
Date

410-766-0113  
Daytime Phone #