NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N98000005549

1. Entity Name
B-PAIS, INC.

FILED
08 DEC 31 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E037B (8/05)

2. Principal Place of Business	3. Mailing Address	4. FEI Number
1501 Wekewa Avenue Suite, Apt. #, etc.	PO Box 6004 Suite, Apt. #, etc.	59-3663533 ☐ Applied For ☐ Not Applicable
City & State: Tallahassee FL	City & State: Tallahassee FL	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip: 32301 Country	Zip: 32301 Country	

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7. Name and Address of Current Registered Agent

Name: Richard D. Baker Jr
Street Address (P.O. Box Number is Not Acceptable): 1501 Wekewa Avenue
City: Tallahassee FL Zip Code: 32301

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 reinstating)

FEE IS $61.25
Initial or Amended AR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DCEO NAME Richard D Baker STREET ADDRESS 1501 Wekewa Avenue CITY-ST-ZIP Tallahassee FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME Wendy J Bevan-Baker STREET ADDRESS 1501 Wekewa Avenue CITY-ST-ZIP Tallahassee FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP 800139486168 04/29/08--01023--002 **122.50
TITLE VPD NAME Glen S Baker STREET ADDRESS 115 N Horry St CITY-ST-ZIP Madison FL 32340	TITLE NAME STREET ADDRESS CITY-ST-ZIP **DO NOT WRITE**
TITLE D NAME Brenda J. Weger STREET ADDRESS 113 Wild Fern Dr CITY-ST-ZIP Longwood FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP **IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP 2012/31
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP Approved by Judy & Lynn

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 on an attachment with an address, with all other like empowered.

SIGNATURE _____