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04-30-2001 90092 025 \*\*\*\*61.25

## DOCUMENT # N9900001988

1. Entity Name

BAKER COMMUNITY COUNSELING SERVICES, INC.

Principal Place of Business

Mailing Address

RT. 1 BOX 368

347 3RD STREET

MACCLENNY FL 32063

ATLANTIC BEACH FL 32233

2. Principal Place of Business 3. Mailing Address O. Box Llacclenny 213 East Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Macclenn 59-3570480 lacelennu Ħ Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 3.20 W. USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent (arolyn (F) Kussel( Street Address (P.O. Box Number is Not Acceptable) ROWE, LORETTA RT. 1 BOX 368 MACCLENNY FL 32063 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 (NOTE: Registered Agent signature required when reinstating FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. President Delete TITLE TITLE Addition Joseph m. Williams RUSSELL, CAROLYN NAME NAME PD. BOX 394 STREET ADDRESS 347 THIRD STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Maccillony. FL 32063 ATLANTIC BEACH FL 32233 V. President/Sec./Treasure? TITLE מע Delete TITLE BROWN, STACY JOHN B. DOWSON NAME NAME STREET ADDRESS STREET ADDRESS P.O. Box 394 11247 SAN JOSE BLVD. CITY-ST-ZIP CITY-ST-ZIP Maccenny Fl 32003 JACKSONVILLE FL 32223 M. Ron Beck, director SD Addition TITLE Delete TITLE BYRD, JENNIFER J NAME PO BOX 394 STREET ADDRESS RT. 1 BOX 529 STREET ADDRESS FL 32043 Ma ccunny CITY-ST-ZIP CITY-ST-ZIP MACCLENNY FL 32063 (20 diseltor TD TITLE Delete TITLE 💢 Change ☐ Addition Jaroka Russell ROWE, LORETTA NAME NAME STREET ADDRESS STREET ADDRESS P.O Box 394 RT. 1 BOX 368 CITY-ST-ZIP CITY-ST-ZIP Macilenn 32043 MACCLENNY FL 32063 ☐ Addition TITLE Delete TITLE Change NAME TYRE, JULIE R NAME STREET ADDRESS STREET ADDRESS P. O. BOX 681 CITY-ST-ZIP CITY-ST-ZIP LIVE OAK FL 32064 **X** Delete TITLE TITLE Change ☐ Addition FRAZIER, ROSE NAME STREET ADDRESS 248 ARORA BLVD. STREET ADDRESS CITY-ST-ZIP ORANGE PARK FL 32073

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR