2002 UNIFORM BUSINESS REPORT (UBR)

2

FILED
Mar 29, 2002 8:00 am
Secretary of State
02-11-2002 90008 033 ****61.25

DOCUMENT # N99000001988

1. Entity Name

BAKER COMMUNITY COUNSELING SERVICES, INC.

Principal Place of Business	Mailing Address
213 EAST MCCLENNY AVENUE MACCLENNY FL 32063	P.O. BOX 394 MACCLENNY FL 32063

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	213 E. Macclenny Ave. Suite, Apt. #, etc.
City & State	City & State: Macclenny, FL
Zip / Country	Zip: 32063 Country: U.S.

4. FEI Number: 59-3570480 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUSSELL, CAROLYN 812 OCEAN BLVD. ATLANTIC BEACH FL 32233	Name: Jennifer Crummey Street Address (P.O. Box Number is Not Acceptable): 213 E. Macclenny Ave City: Macclenny FL Zip Code: 32063

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.

SIGNATURE: Crummey / Jennifer Crummey / Business Manager 1/17/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILLIAMS, JOSEPH M P.O. BOX 394 MACCLENNY FL 32063	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chair – Trustee ~~EA~~ Holbrooks, EA PO Box 1406 Macclenny, FL 32063	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPST DOBSON, JOEY B P.O. BOX 394 MACCLENNY FL 32063	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary – Trustee Jennifer Crummey 213 E. Macclenny Ave. Macclenny, FL 32063	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BECK, RON P.O. BOX 394 MACCLENNY FL 32063	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-Chair – Trustee FOX, EDWARD PO BOX 1217 Macclenny, FL 32063	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD RUSSSELL, CAROLYN P.O. BOX 394 MACCLENNY FL 32063	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Crummey Jennifer Crummey 1/17/02 904 259 0264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #