


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000001988</b> 1. Entity Name <b>BAKER COMMUNITY COUNSELING SERVICES, INC.</b>	
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Principal Place of Business <b>213 EAST MACLENNY AVENUE MACLENNY, FL 32063</b>	Mailing Address <b>213 E MACLENNY AVE MACLENNY, FL 32063</b>
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01182006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3570480</b>	Applied For <b>Not Applicable</b>
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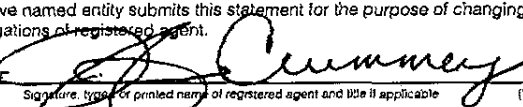
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**CRUMMEY, JENNIFER  
213 E MACLENNY AVE  
MACLENNY, FL 32063**

**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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**1/18/06**  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CRUMMEY, JENNIFER 213 E MACLENNY AVE MACLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOBSON, JOEY B 213 E MACLENNY AVE MACLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT RUISE, JOE 213 E. MACLENNY AVE. MACLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

01/24/06-2006-003 \$1.25

**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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/18/06** **904-259-**  
Date Daytime Phone # **0264**