

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # N99000001988

1. Entity Name  
BAKER COMMUNITY COUNSELING SERVICES, INC.



Principal Place of Business  
213 EAST MACCLENLY AVENUE  
MACCLENLY, FL 32063

Mailing Address  
213 E MACCLENLY AVE  
MACCLENLY, FL 32063



04192007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

CRUMMEY, JENNIFER  
213 E MACCLENLY AVE  
MACCLENLY, 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

*Christopher Thomas* *Christopher P Thomas* *CEO* *4/30/07*

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000780918  
05/25/07-80034-011 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
CRUMMEY, JENNIFER  
213 E MACCLENLY AVE  
MACCLENLY, FL 32063

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DOBSON, JOEY B  
213 E MACCLENLY AVE  
MACCLENLY, FL 32063

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CT  
RUISE, JOE  
213 E. MACCLENLY AVE.  
MACCLENLY, FL 32063

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*4/30/07*  
Date

*904-259-0264*  
Daytime Phone #