

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000012765

**Entity Name:** BAKER CORRECTIONAL DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

1 SHERIFF'S OFFICE DRIVE  
MACCLENLY, FL 32063

**Current Mailing Address:**

1 SHERIFF'S OFFICE DRIVE  
MACCLENLY, FL 32063

**FEI Number:** 20-8376555

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BROWN, TERENCE M  
486 NORTH TEMPLE AVENUE  
STARKE, FL 32091 US

*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name BARTON, PAULA  
Address 1 SHERIFF'S OFFICE DRIVE  
City-State-Zip: MACCLENLY FL 32063

Title VPD  
Name PAYNE, LARRY  
Address 1 SHERIFF'S OFFICE DRIVE  
City-State-Zip: MACCLENLY FL 32063

Title SD  
Name WHITEHEAD, PAUL  
Address 1 SHERIFF'S OFFICE DRIVE  
City-State-Zip: MACCLENLY FL 32063

Title PD  
Name KNABB, TODD  
Address 1 SHERIFF'S OFFICE DRIVE  
City-State-Zip: MACCLENLY FL 32063

Title D  
Name ROBINSON, ALEX  
Address 1 SHERIFF'S OFFICE DRIVE  
City-State-Zip: MACCLENLY FL 32063

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** TODD KNABB

**PRESIDENT**

**01/28/2013**

Electronic Signature of Signing Officer/Director Detail

Date