

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000006163

**Entity Name:** CATHERINE POTTS BAKER ACADEMIC SCHOLARSHIP FUND, INC

**FILED**  
**Mar 21, 2022**  
**Secretary of State**  
**1378312002CC**

**Current Principal Place of Business:**

799 FRIDAY ROAD  
QUINCY, FL 32352

**Current Mailing Address:**

P.O. BOX 284  
QUINCY, FL 32353

**FEI Number: 87-1349615**

**Certificate of Status Desired: No**

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

FLOWERS, CHARLES F  
799 FRIDAY ROAD  
QUINCY, FL 32352 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           | PD                   | Title           | SD                   |
| Name            | FLOWERS, CHARLES F   | Name            | HOUSTON, RUBY        |
| Address         | 799 FRIDAY ROAD      | Address         | 134 HOUSTON ROAD     |
| City-State-Zip: | QUINCY FL 32352      | City-State-Zip: | QUINCY FL 32352      |
| Title           | TD                   | Title           | D                    |
| Name            | LEFTWICH, VERNESTEAN | Name            | SHAW, SHELANDA       |
| Address         | 21 PINE TRAIL        | Address         | 1356 ST. HEBRON ROAD |
| City-State-Zip: | QUINCY FL 32352      | City-State-Zip: | QUINCY FL 32352      |
| Title           | D                    | Title           | D                    |
| Name            | WOODWARD, PAT M      | Name            | MOORE, MARY          |
| Address         | 789 ATTAPULGUS HWY   | Address         | 145 STILLWATER LANE  |
| City-State-Zip: | QUINCY FL 32352      | City-State-Zip: | HAVANA FL 32333      |

*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: CHARLES F FLOWERS**

**PRESIDENT**

**03/21/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date