

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000006676

**Entity Name:** THE BAIRD CENTER ASSOCIATION, INC.

**Current Principal Place of Business:**

619 SOUTH MAIN STREET  
GAINESVILLE, FL 32601

**Current Mailing Address:**

619 SOUTH MAIN STREET  
SUITE K  
GAINESVILLE, FL 32601

**FEI Number:** 59-3483856

**Certificate of Status Desired:** Yes

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

THOMAS, KINNON  
619 S. MAIN ST. STE. K  
GAINESVILLE, FL 32601 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:** KINNON THOMAS

01/10/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name THOMAS, KINNON  
Address 619 SOUTH MAIN STREET  
City-State-Zip: GAINESVILLE FL 32601

Title D  
Name CROOKS, GALE  
Address 619 SOUTH MAIN STREET  
City-State-Zip: GAINESVILLE FL 32601

Title D  
Name SHITAMA, GLENN A  
Address 619 SOUTH MAIN STREET  
City-State-Zip: GAINESVILLE FL 32601

*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:** KINNON THOMAS

PD

01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date