

FILE NOW: FILING FEE IS \$61.25

FILED
May 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005233 (9)
1. Corporation Name
BAGDAD SPORTS ASSOCIATION, INC.



Principal Place of Business SCHOOL STREET BAGDAD FL 32530	Mailing Address POST OFFICE BOX 707 BAGDAD FL 32530-0707
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	3. Date Incorporated or Qualified 10/02/1996	3a. Date of Last Report N/A	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent
**BROOKS, KENNETH L JR
202 OAK STREET
MILTON FL 32570**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUNLAP, LILLIE M	
STREET ADDRESS	105-C ASTOR VILLAGE	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROWLAND, MICHAEL A	
STREET ADDRESS	4312 RICE ROAD	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARDY, PAT	
STREET ADDRESS	9850 ROGER HARDY ROAD	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GREEN, TAMELA	
STREET ADDRESS	6280 BAYBERRY STREET	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COOK, GLORIA	
STREET ADDRESS	POST OFFICE BOX 160	
CITY-ST-ZIP	BAGDAD FL 32530	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NICHOLS, HENRY J	
STREET ADDRESS	6211 GLENWOOD DRIVE	
CITY-ST-ZIP	MILTON FL 32570	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gloria Cook **SIGNATURE REQUIRED** 5-17-97 904-23-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0074688

CF2E037 (9/96)