

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722048

FILED
Mar 24, 2009
Secretary of State

Entity Name: BAGDAD-GARCON POINT WATER SYSTEM, INC.

Current Principal Place of Business:

6368 DALISA ROAD
MILTON, FL 32583

New Principal Place of Business:

Current Mailing Address:

6368 DALISA ROAD
MILTON, FL 32583

New Mailing Address:

FEI Number: 59-1421159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REYNOLDS, PETER H
5119 AVENIDA DEL FUEGO
MILTON, FL 32571 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PRICE, WILLIAM R
Address: P.O. BOX 294
City-St-Zip: BAGDAD, FL 32530

Title: STD () Delete
Name: LEWIS, M. STEPHEN II
Address: 6672 ROCKY SHORES ROAD
City-St-Zip: MILTON, FL 32583

Title: VPD () Delete
Name: GILLIS, DOUG
Address: 4244 LANCASTER GATE ROAD
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: O'NEIL, BOBBY
Address: 3102 DEEP WATER COVE
City-St-Zip: MILTON, FL 32583

Title: D () Delete
Name: BOLES, F.D.
Address: P.O. BOX 244
City-St-Zip: BAGDAD, FL 32530

Title: D () Delete
Name: BROXSON, KEN
Address: 6305 SARAGON LN
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: M. STEPHEN LEWIS II

STD

03/24/2009

Electronic Signature of Signing Officer or Director

Date