


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

02-16-2007 90029 006 ****61.25

DOCUMENT # N06000001259 1. Entity Name BAGDAD CEMETERY ASSOCIATION, INC.																													
Principal Place of Business 7070 OAK STREET MILTON, FL 32583			Mailing Address P.O. BOX 160 BAGDAD, FL 32530																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address Po Box 134																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State Bagdad, FL.		4. FEI Number 14-1953697																									
Zip 32530	Country	Zip 32530	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent JOHNSON, MICHAEL 4621 FORSYTH STREET MILTON, FL 32583				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
8. 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. I am familiar with, and accept the obligations of registered agent.																													
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>																													
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
<div style="text-align: right;"> Make check payable to Florida Department of State </div>																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 85%; padding: 2px;"> P MCNAIR, JAMES M <input type="checkbox"/> Delete 4532 ELMTREE STREET MILTON, FL 32583 </td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> VP JOHNSON, MICHAEL <input type="checkbox"/> Delete 4621 FORSYTH STREET MILTON, FL 32583 </td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> S WILKES, JOSHUA <input type="checkbox"/> Delete 4623 FORSYTH STREET MILTON, FL 32583 </td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> T BAILLY, DAVID <input type="checkbox"/> Delete 8860 OLD BAGDAD HWY. MILTON, FL 32583 </td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> R WILLIS, ELAINE <input type="checkbox"/> Delete 6600 OLD BAGOAD HWY. MILTON, FL 32583 </td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> R COOK, GLORIA <input type="checkbox"/> Delete 7070 OAK STREET MILTON, FL 32583 </td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 85%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table> </div> </div>						TITLE	P MCNAIR, JAMES M <input type="checkbox"/> Delete 4532 ELMTREE STREET MILTON, FL 32583	TITLE	VP JOHNSON, MICHAEL <input type="checkbox"/> Delete 4621 FORSYTH STREET MILTON, FL 32583	TITLE	S WILKES, JOSHUA <input type="checkbox"/> Delete 4623 FORSYTH STREET MILTON, FL 32583	TITLE	T BAILLY, DAVID <input type="checkbox"/> Delete 8860 OLD BAGDAD HWY. MILTON, FL 32583	TITLE	R WILLIS, ELAINE <input type="checkbox"/> Delete 6600 OLD BAGOAD HWY. MILTON, FL 32583	TITLE	R COOK, GLORIA <input type="checkbox"/> Delete 7070 OAK STREET MILTON, FL 32583	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P MCNAIR, JAMES M <input type="checkbox"/> Delete 4532 ELMTREE STREET MILTON, FL 32583																												
TITLE	VP JOHNSON, MICHAEL <input type="checkbox"/> Delete 4621 FORSYTH STREET MILTON, FL 32583																												
TITLE	S WILKES, JOSHUA <input type="checkbox"/> Delete 4623 FORSYTH STREET MILTON, FL 32583																												
TITLE	T BAILLY, DAVID <input type="checkbox"/> Delete 8860 OLD BAGDAD HWY. MILTON, FL 32583																												
TITLE	R WILLIS, ELAINE <input type="checkbox"/> Delete 6600 OLD BAGOAD HWY. MILTON, FL 32583																												
TITLE	R COOK, GLORIA <input type="checkbox"/> Delete 7070 OAK STREET MILTON, FL 32583																												
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																												
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																												
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																												
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																												
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																												
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																												
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.																													
SIGNATURE: _____ FEB 13, 2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													