2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# N06000001259

Entity Name: BAGDAD CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

7070 OAK STREET
MILTON, FL 32583

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 134
BAGDAD, FL 32530

New Mailing Address:

FEI Number: 14-1953697 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, MICHAEL
4621 FORSYTH STREET
MILTON, FL 32583 US

Name and Address of New Registered Agent:

BUD, ALLEN
6868 HENDERSON ST
MILTON, FL 32583 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: BUD ALLEN 03/13/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JOHNSON, MICHAEL
Address: 4621 FORSYTH ST.
City-St-Zip: MILTON, FL 32583 VP

Title: VP ( ) Delete
Name: LEWIS, ALLEN L
Address: 6868 HANDASON ST
City-St-Zip: MILTON, FL 32583

Title: S ( ) Delete
Name: RICE, SHANON
Address: 6245 FOX RUN ST.
City-St-Zip: MILTON, FL 32583

Title: T ( ) Delete
Name: BAILLY, DAVID
Address: 6860 OLD BAGDAD HWY.
City-St-Zip: MILTON, FL 32583

Title: R ( ) Delete
Name: WILLIS, ELAINE
Address: 6600 OLD BAGDAD HWY.
City-St-Zip: MILTON, FL 32583

Title: R ( ) Delete
Name: COOK, GLORIA
Address: 7070 OAK STREET
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ALLEN, BUD
Address: 6868 HENDERSON ST
City-St-Zip: MILTON, FL 32583 VP

Title: VP (X) Change ( ) Addition
Name: MICHAEL, JOHNSON
Address: 4601 FORYTH ST
City-St-Zip: MILTON, FL 32583

Title: S (X) Change ( ) Addition
Name: SYLVIA, STREETER
Address: 4158 CHARTWELL ST.
City-St-Zip: PACE, FL 32571

Title: ( ) Change ( ) Addition
Name:
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: DAVID A. BAILLY T 03/13/2009
Electronic Signature of Signing Officer or Director — Date