

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001259

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** BAGDAD CEMETERY ASSOCIATION, INC.

**Current Principal Place of Business:**

6800 POOLEY ST  
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:**

DAVID, BAILLY A TREAS.  
6860 OLD BAGADA HWY  
MILTON, FL 32583 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: PRES  
Name: ALLEN, BUD  
Address: 6876 OLD BAGDAD HWY  
City-St-Zip: MILTON, FL 32583 VP

Title: SEC.  
Name: SYLVIA, STREETER  
Address: 4158 CHARTWELL ST.  
City-St-Zip: PACE, FL 32571

Title: TREA  
Name: BAILLY, DAVID  
Address: 6860 OLD BAGDAD HWY.  
City-St-Zip: MILTON, FL 32583

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

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

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: DAVID A. BAILLY

TRES

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date