

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006077

FILED
Mar 24, 2009
Secretary of State

Entity Name: BAGDAD WATERFRONTS FLORIDA PARTNERSHIP, INCORPORATED

Current Principal Place of Business:

7070 OAK STREET
MILTON, FL 32583

New Principal Place of Business:

Current Mailing Address:

PO BOX 801
BAGDAD, FL 32530

New Mailing Address:

FEI Number: 26-0392726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIS, ELAINE
6600 OLD BAGDAD 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: P () Delete
Name: LEWIS, RICHARD
Address: 4629 CHURCH STREET
City-St-Zip: MILTON, FL 32583

Title: VP () Delete
Name: LASATER, DOUG
Address: 1399 JUDGE MCCALL DRIVE
City-St-Zip: MILTON, FL 32583

Title: S () Delete
Name: WOOLSEY, NATHAN
Address: 2315 MOCKINGBIRD LANE
City-St-Zip: MILTON, FL 32570

Title: S () Delete
Name: DRIAN, CHRISTINA
Address: 7013 DORR FENCE STREET
City-St-Zip: MILTON, FL 32583

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LASATER, DOUG
Address: 1399 JUDGE MCCALL DRIVE
City-St-Zip: MILTON, FL 32583

Title: VP (X) Change () Addition
Name: LEWIS, RICHARD
Address: 4629 CHURCH STREET
City-St-Zip: MILTON, FL 32583

Title: S (X) Change () Addition
Name: DAVIS, JANET
Address: 4400 GARCON POINT ROAD
City-St-Zip: MILTON, FL 32583

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

Title: T () Change (X) Addition
Name: WILLIS, ELAINE
Address: 6600 OLD BAGDAD HIGHWAY
City-St-Zip: MILTON, FL 32583

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: ELAINE WILLIS

T

03/24/2009

Electronic Signature of Signing Officer or Director

Date