

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 12, 2009
Secretary of State

DOCUMENT# N07000006077

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:**WILKS, JOSHUA W
4617 FORSYTH STREET
BOX 203
BAGDAD, FL 32530 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: JOSHUA W. WILKS

10/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

Title: T () Delete
Name: WILLIS, ELAINE
Address: 6600 OLD BAGDAD HIGHWAY
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: S (X) Change () Addition
Name: WALSH, CHRISTINE M
Address: 6872 HENDERSON DRIVE
City-St-Zip: BAGDAD, FL 32530

Title: T (X) Change () Addition
Name: WILKS, JOSHUA W
Address: 4617 FORSYTH STREET
City-St-Zip: BAGDAD, FL 32530

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: JOSHUA W. WILKS

T

10/12/2009

Electronic Signature of Signing Officer or Director

Date