

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17293

FILED  
Jan 08, 2009  
Secretary of State

**Entity Name:** BAGDAD VILLAGE PRESERVATION ASSOCIATION, INC.

**Current Principal Place of Business:**

ELAINE C WILLIS  
6600 BAGDAD HIGHWAY  
MILTON, FL 32583

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 565  
BAGDAD, FL 32530

**New Mailing Address:**

**FEI Number:** 59-2837303

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIS, ELAINE C  
6600 BAGDAD HIGHWAY  
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: PD ( ) Delete  
Name: BAKER, ROBYN W  
Address: 5556 MICHAEL DRIVE  
City-St-Zip: MILTON, FL 32583

Title: TD ( ) Delete  
Name: WILLIS, ELAINE C  
Address: 6600 BAGDAD HIGHWAY  
City-St-Zip: MILTON, FL 32583

Title: SD ( ) Delete  
Name: LYLE, LISA  
Address: 4556 FORSYTH STREET  
City-St-Zip: BAGDAD, FL 32530

Title: VPD ( ) Delete  
Name: KREBS, MARY  
Address: 4545 FORSYTH STREET  
City-St-Zip: BAGDAD, FL 32530

Title: VPD ( ) Delete  
Name: JOHNSON, MICHAEL  
Address: 4621 FORSYTH ST  
City-St-Zip: BAGDAD, FL 32530

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: JOHNSON, MICHAEL  
Address: 4621 FORSYTH STREET  
City-St-Zip: BAGDAD, FL 32530

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

Title: SD (X) Change ( ) Addition  
Name: COOK, GLORIA  
Address: 7070 OAK STREET  
City-St-Zip: BAGDAD, FL 32530

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

Title: VPD (X) Change ( ) Addition  
Name: BAKER, ROBYN W  
Address: 5556 MICHAEL DRIVE  
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 C. WILLIS

TREA

01/08/2009

Electronic Signature of Signing Officer or Director

Date