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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005233 (9)**

1. Corporation Name

BAGDAD SPORTS ASSOCIATION, INC.

Principal Place of Business

**SCHOOL STREET
BAGDAD FL 32530**

Mailing Address

**POST OFFICE BOX 707
BAGDAD FL 32530**



3. Date Incorporated or Qualified

10/02/1986

4. FEI Number

59-3470057

Applied For

APPLIED FOR

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROOKS, KENNETH L JR
202 OAK STREET
MILTON FL 32570**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUNLAP, LILLIE M	
STREET ADDRESS	105-C ASTOR VILLAGE	
CITY-ST-ZIP	MILTON FL 32570	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROWLAND, MICHAEL A	
STREET ADDRESS	4312 RICE ROAD	
CITY-ST-ZIP	MILTON FL 32583	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARDY, PAT	
STREET ADDRESS	9850 ROGER HARDY ROAD	
CITY-ST-ZIP	MILTON FL 32570	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	GREEN, TAMELA	
STREET ADDRESS	6280 BAYBERRY STREET	
CITY-ST-ZIP	MILTON FL 32570	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	COOK, GLORIA	
STREET ADDRESS	POST OFFICE BOX 160 7070 Oak St.	
CITY-ST-ZIP	BAGDAD FL 32530	

TITLE	D	<input type="checkbox"/> DELETE
NAME	NICHOLS, HENRY J	
STREET ADDRESS	6211 GLENWOOD DRIVE	
CITY-ST-ZIP	MILTON FL 32570	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dunlap, Lillie M.	
1.3 STREET ADDRESS	P.O. Box 707 4470 School St.	
1.4 CITY-ST-ZIP	Bagdad, FL 32530	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gloria Cook* Gloria J. Cook-Treasurer - 5-1-98

CR2E037 (10/97)