


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2008 8:00 am
Secretary of State

07-17-2008 90062 010 ****70.00

DOCUMENT # N98000006881

1. Entity Name
 JEFFERSON COMMUNITIES WATER SYSTEM, INC.



Principal Place of Business
 P.O. BOX 82
 LLOYD, FL 32337

Mailing Address
 P.O. BOX 82
 LLOYD, FL 32337

40111367



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

06102008 Chg-NP CR2E037 (12/06)

City & State
 City & State

4. FEI Number
 59-3547867

Applied For
 Not Applicable

Zip
 Country

Zip
 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOPER, BOBBY D
 1512 WEKEVA NENE
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Bobby D. Cooper* (NOTE: Registered Agent signature required when reinstating)

DATE: 10 Jul 08

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME EDWARDS, WALTER B JR
 STREET ADDRESS LLOYD CREEK RD.
 CITY-ST-ZIP LLOYD, FL 32337

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME SCHWENK, CHARLES L
 STREET ADDRESS 9779 GAMBLE ROAD
 CITY-ST-ZIP MONTICELLO, FL 32344

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STD Delete
 NAME CICHON, PATRICIA
 STREET ADDRESS 1540 LIVE OAK ROAD
 CITY-ST-ZIP MONTICELLO, FL 32344

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bobby D. Cooper* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE: 10 Jul 08

DAYTIME PHONE #: 850 997-0314