

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90247 020 ****61.25

DOCUMENT # 709581

1. Entity Name
BRATT-DAVISVILLE WATER SYSTEM, INC.



Principal Place of Business
**11100 HWY 97
MC DAVID, FL 32568 US**

Mailing Address
**P.O. DRAWER 770
ATMORE, AL 36504 US**

40000131



01042007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
63-0596247

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RYLAND, BEVERLY
5650 PINE FOREST RD
WALNUT HILL, FL 32568**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	PELT, JAMES D	
STREET ADDRESS	9410 HWY 47	
CITY-ST-ZIP	CENTURY, FL 32535	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOHNSON, JOHNNIE	
STREET ADDRESS	2950 PURDUE RD	
CITY-ST-ZIP	MC DAVID, FL 32568	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RYLAND, BEVERLY	
STREET ADDRESS	5650 PINE FOREST RD	
CITY-ST-ZIP	WALNUT HILL, FL 32588	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHEELER, BECKY	
STREET ADDRESS	4421 N HWY 98	
CITY-ST-ZIP	MC DAVID, FL 32568	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEBBLES, DARIN	
STREET ADDRESS	7036 MCCLHANEY RD	
CITY-ST-ZIP	CENTURY, FL 32535	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	BOARD OF DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH SIGAFUSE	
STREET ADDRESS	7240 MCCLHANEY RD.	
CITY-ST-ZIP	CENTURY FLORIDA 32535	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Beverly Ryland **BEVERLY RYLAND**

1/4/07

850-327-6778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #