

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004362

Entity Name: FAIRPOINT REGIONAL UTILITY SYSTEM, INC.**Current Principal Place of Business:**8574 TURKEY BLUFF ROAD
NAVARRE, FL 32566**Current Mailing Address:**8574 TURKEY BLUFF ROAD
NAVARRE, FL 32566**FEI Number:** 59-3602680**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WALKER, KEN
4210 DEL LOS ANGELES COURT
PACE, FL 32571 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	LYNCHARD, DARYL
Address	6539 AVENIDA DE GALVEZ
City-State-Zip:	NAVARRE FL 32566

Title	D
Name	ENGHAUSER, CHARLIE
Address	7553 NORTH SHORES DRIVE
City-State-Zip:	NAVARRE FL 32566

Title	P
Name	EDDY, EDWIN
Address	1070 SHORELINE DRIVE
City-State-Zip:	GULF BREEZE FL 32561

Title	SECRETARY
Name	JOHN, GRANT
Address	4971 GULF BREEZE PKWY
City-State-Zip:	GULF BREEZE FL 32563

Title	D
Name	ZIMMERN, BEVERLY
Address	1070 SHORELINE DRIVE
City-State-Zip:	GULF BREEZE FL 32563

Title	D
Name	COOLEY, BOBBY
Address	4971 GULF BREEZE PARKWAY
City-State-Zip:	GULF BREEZE FL 32563

I hereby 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 all other like empowered.

SIGNATURE: DARYL LYNCHARD

VICE-PRESIDENT

02/17/2015

Electronic Signature of Signing Officer/Director Detail_____
Date