

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704930

FILED
Apr 09, 2008
Secretary of State

Entity Name: WAHNETA WATER SYSTEM, INC.

Current Principal Place of Business:

106 EIGHTH WAHNETA STREET, EAST
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

Current Mailing Address:

106 EIGHTH WAHNETA STREET, EAST
WINTER HAVEN, FL 33880 US

New Mailing Address:

FEI Number: 59-1093070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMM, WILLIAM C., JR.
1828 S FLORIDA AVE
LAKELAND, FL 33802 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: DP () Delete
Name: JOHN RANDALL LAMBERT,
Address: 100 SURF DR.
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: DVP () Delete
Name: WILLIAM DEHART,
Address: 420 4TH WAHNETA ST E
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: D () Delete
Name: JANICE CROWLEY,
Address: 114 2ND WAHNETATERRACE WEST
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: D () Delete
Name: BARBARA COX,
Address: 120 6TH WAHNETA ST E
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: S () Delete
Name: FLOYCE WHITTINGTON,
Address: P.O BOX 39
City-St-Zip: EAGLE LAKE, FL 33839 US

Title: D () Delete
Name: CARL BRYANT,
Address: 510 AVE A, E WAHNETA
City-St-Zip: WINTER HAVEN, FL 33880 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: FLOYCE WHITTINGTON

S

04/09/2008

Electronic Signature of Signing Officer or Director

Date