FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:55

DOCUMENT # **707506** **(2)**

1. Corporation Name

SUWANNEE WATER ASSOCIATION INC

Principal Place of Business	Mailing Address
STATE HIGHWAY 349 SOUTH P.O. BOX 143 SUWANNEE FL 32692	STATE HIGHWAY 349 SOUTH P.O. BOX 143 SUWANNEE FL 32692

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1964
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-1172562 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~DYALS, JOHN M.~~
~~MCKINNEY DRIVE~~
~~SUWANNEE FL 32692~~

10. Name and Address of New Registered Agent

81 Name: Charles Moore
82 Street Address (P.O. Box Number is Not Acceptable): Williams St.
83
84 City: Suwannee FL 85 Zip Code: 32692

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Charles Moore
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D.V.	☐ Change ☑ Addition
NAME	FARMER, NANCY	1.2 NAME	Richard Newman	
STREET ADDRESS	CANAL STR	1.3 STREET ADDRESS	Hwy 349 So.	
CITY-ST-ZIP	SUWANNEE FL	1.4 CITY-ST-ZIP	Suwannee, FL.	
TITLE	D	2.1 TITLE	D.	☑ Change ☐ Addition
NAME	BROWN, SINOMA	2.2 NAME	Jeary A. Meade	
STREET ADDRESS	3925 NW 31 PL	2.3 STREET ADDRESS	Lee Dr.	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	Suwannee, FL	
TITLE	STD	3.1 TITLE		☐ Change ☐ Addition
NAME	BASS, ERIC O	3.2 NAME		
STREET ADDRESS	HALL PLACE	3.3 STREET ADDRESS		
CITY-ST-ZIP	SUWANNEE, FL 00000	3.4 CITY-ST-ZIP		
TITLE	~~DV~~	4.1 TITLE		☐ Change ☐ Addition
NAME	~~MOORE, CHARLIE~~	4.2 NAME		
STREET ADDRESS	~~WILLIAMS STREET~~	4.3 STREET ADDRESS		
CITY-ST-ZIP	~~SUWANNEE FL~~	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	PEARCE, MELVIN	5.2 NAME		
STREET ADDRESS	ELOISE STR	5.3 STREET ADDRESS		
CITY-ST-ZIP	SUWANNEE FL	5.4 CITY-ST-ZIP		
TITLE	~~DP~~	6.1 TITLE		☐ Change ☐ Addition
NAME	~~DYALS, JOHN M~~	6.2 NAME		
STREET ADDRESS	~~MCKINNEY DRIVE~~	6.3 STREET ADDRESS		
CITY-ST-ZIP	SUWANNEE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added in an attachment with an address.

SIGNATURE: Charles Moore Charles Moore 3/3/95 904-642-7570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000476