

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707616

FILED
Feb 23, 2009
Secretary of State

Entity Name: GONZALEZ UTILITIES ASSOCIATION INCORPORATED

Current Principal Place of Business:

1590 OLD CHEMSTRAND RD
CANTONMENT, FL 32533 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 314
OLD CHEMSTRAND RD
GONZALEZ, FL 32560 US

New Mailing Address:

FEI Number: 23-7010220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEREMIAH, JOHN P DP
1558 KATHLEEN AVE
CANTONMENT, FL 32533 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: DVP () Delete
Name: JEREMIAH, JOHN P D/VP
Address: 1558 KATHLEEN AVE
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: BLACKBURN, REX
Address: 1501 GOLDENROD RD
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: BRADY, MARILYN
Address: 1406 KATHLEEN AVE
City-St-Zip: CANTONMENT, FL 32533

Title: DST () Delete
Name: LOVETT, WAYNE
Address: 1450 PAULINE ST
City-St-Zip: CANTONMENT, FL 32533

Title: DP () Delete
Name: EDGE CUMBE, ROBERT
Address: 682 CANDY LN
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: PIERCE, KATHERINE M
Address: 1212 PAULINE ST
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: JEREMIAH, JOHN P DP
Address: 1558 KATHLEEN AVE
City-St-Zip: CANTONMENT, FL 32533

Title: D (X) Change () Addition
Name: JERNIGAN, CECIL
Address: 1325 GOLDENROD RD
City-St-Zip: CANTONMENT, FL 32533

Title: DST (X) Change () Addition
Name: BRADY, WILLIAM DST
Address: 1406 KATHLEEN AVE
City-St-Zip: CANTONMENT, FL 32533

Title: DVP (X) Change () Addition
Name: LOVETT, WAYNE DVP
Address: 1450 PAULINE ST
City-St-Zip: CANTONMENT, FL 32533

Title: D (X) Change () Addition
Name: EDGE CUMBE, LAMOND
Address: 682 CANDY LN
City-St-Zip: CANTONMENT, FL 32533

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: JOHN JEREMIAH

DP

02/23/2009

Electronic Signature of Signing Officer or Director

Date