

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90062 033 \*\*\*\*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**

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

01042008

Chg-NP

CR2E037 (12/06)

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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **PELT, JAMES D**  
CITY-ST-ZIP **9410 HWY 47  
CENTURY, FL 32535**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **JOHNSON, JOHNNIE**  
CITY-ST-ZIP **2950 PURDUE RD  
MC DAVID, FL 32568**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **ST**  
STREET ADDRESS **RYLAND, BEVERLY**  
CITY-ST-ZIP **5650 PINE FOREST RD  
WALNUT HILL, FL 32588**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **WHEELER, BECKY**  
CITY-ST-ZIP **4421 N HWY 98  
MC DAVID, FL 32568**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **BOD**  
STREET ADDRESS **SIGAFOOSE, JOSEPH**  
CITY-ST-ZIP **7240 MCELHANEY RD  
CENTURY, FL 32535**

TITLE ☒ Change ☐ Addition  
NAME **BOARD OF DIRECTOR**  
STREET ADDRESS **JUDSON STABLER**  
CITY-ST-ZIP **5331 STILL RD  
CENTURY FL 32535**

TITLE ☐ Delete  
NAME **BOARD OF DIRECTOR**  
STREET ADDRESS **JEAN BRATT-DAVIS**  
CITY-ST-ZIP **9871 HWY 97  
CENTURY 71 32535**

TITLE ☐ Change ☒ 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**

**1/8/08**

**850-327-6778**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #