# 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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:11

DOCUMENT # 710799 (8)

1. Corporation Name
MIDWAY-CANAAN COMMUNITY WATER ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2310 JITWAY ST.<br>P.O. BOX 1322<br>SANFORD FL 32772-1322 | 2310 JITWAY ST.<br>P.O. BOX 1322<br>SANFORD FL 32772-1322 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1966
3a. Date of Last Report: 03/08/1994
4. FEI Number: 23-7024689 ☐ 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 (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

MARTINS, FANNIE
2201 CENTER ST
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name: Willie J. Merkerson
82 Street Address (P.O. Box Number is Not Acceptable): 3051 Kings Rd.
83:
84 City: SANFORD FL 85 Zip Code: 32771

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: Willie J. Merkerson, President — 1-27-95
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 | PD | 1.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | MERKERSON, WILLIE | 1.2 NAME | Lowery, Reginald | |
| STREET ADDRESS | 3051 KING ST. | 1.3 STREET ADDRESS | 3301 Main Street | |
| CITY-ST-ZIP | SANFORD FL | 1.4 CITY-ST-ZIP | Sanford, FL 32771 | |
| TITLE | D | 2.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | CUMMINGS, WILLIE | 2.2 NAME | Lanier, Brenda | |
| STREET ADDRESS | 2361 SIPES ST. | 2.3 STREET ADDRESS | 2059 Sipes Ave. | |
| CITY-ST-ZIP | SANFORD FL | 2.4 CITY-ST-ZIP | Sanford, FL 32771 | |
| TITLE | VD | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HUDLEY, BARNARD | 3.2 NAME | | |
| STREET ADDRESS | 3401 HUGHEY ST. | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SANFORD FL | 3.4 CITY-ST-ZIP | | |
| TITLE | SD | 4.1 TITLE | | ☒ Change ☐ Addition |
| NAME | MCKINNEY, PRINCE | 4.2 NAME | McKinney, Prince | |
| STREET ADDRESS | 2575 FROG ALLEY | 4.3 STREET ADDRESS | 2575 Frog Alley | RESIGNED |
| CITY-ST-ZIP | SANFORD FL | 4.4 CITY-ST-ZIP | Sanford, FL 32771 | |
| TITLE | D | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GLENN, ALTON | 5.2 NAME | | |
| STREET ADDRESS | 2200 CENTER ST. | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SANFORD FL | 5.4 CITY-ST-ZIP | | |
| TITLE | D | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | PERRY, JANICE | 6.2 NAME | | |
| STREET ADDRESS | 2070 RUFF ROAD | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SANFORD 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 on an attachment with an address.

Office #(407) 323-1714

SIGNATURE: Willie J. Merkerson — 1-27-95 — (407) 323-0759
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003208