FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 710799

MIDWAY-CANAAN COMMUNITY WATER ASSOCIATION, INC.

Principal Place of Business
2310 JITWAY ST.
P.O. BOX 1322
SANFORD FL 32772-1322

2. Principal Place of Business

Mailing Address P.O. BOX 1322 SANFORD FL 32772

2a. Mailing Address

US

FILED Mar 23, 1999 8:00 am § Secretary of State

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3. Date incorporated or Qualifed

04/27/1966

Suite, Apt.	#etc.	Suite, Apt. #, etc.			4. FEI Number		Apr	lied For
2	•	27			23-7024689		Not	Applicable
City & State	θ .	City & State			5. Certifcate of Status Desired		\$8.75 A	
3		28	Country		0.51 - 10 - 0 - 0 - 51 10 - 51 10 - 10			
Zip ¬	Country	H	Country		6. Election Campaign Financing Trust Fund Contribution		\$5.00 to Added to	
4	25	29 30 30			10. Name and Address of New	Registered		77000
 :	9. Name and Address of Current	registered Agent	81	Name	10. Name and Addiess of New	togiote.		
MERKERS!	ON, WILLIE J.		82	Street Addre	ess (P.O. Box Number is Not Accept	able)		ļ
3051 KING	GS RD.		00	-			·	
SANFORD	FL 32771		83	İ				
			84	City		FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508. Florida Statutes, tl	ne above	-named corpo	pration submits this statement for the	purpose of	changing its	registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	'Florida. Such change was author	nzea ov	tne corporation	n's board of directors, I hereby acce	pt the appoi	ntment as reg	istered
SIGNATURE						5477		i
	Signature, typed or printed name of registered agent a			t signature required	when reinstating) ADDITIONS/CHANGES TO OF	DATE EICERS AN	D DIRECTO	RS IN 12
12.	OFFICERS AND		13.			TIOLING AIR	☐ Change	Addition
TITLE	DM	•	1,1 TITLE	DW				24 1 12 12 12 1
NAME	WOODS, WANDRA		1.2 NAME	CH	ISOLM BENJAMIN			
STREET ADDRESS	2550 CRAWFORD DR		1.3 STREET	100	70 Sipes Ave.			
CITY-ST-ZIP	SANFORD FL 32750		1.4 CITY-ST	r-zip	MFORD, FI. 32771		Change	Addition
TITLE	DM .	☐ DELETE	2.1 TITLE				Change	Add:Bolt
NAME	CUMMINGS, WILLIE C		2.2 NAME	1				
STREET ADDRESS	2361 JITWAY AVE.		2.3 STREET	ADDRESS		_	· +	-
CITY-ST-ZIP	SANFORD FL 32771		2. 4 CITY-S	T-ZIP			<u> </u>	
πιε	VD	☐ DELETE	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 32771		3.4. CITY-S	T-ZIP			- verm	
TITLE	DM	☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME	GLENN, ALTON		4. 2 NAME		_			
STREET ADDRESS	2200 CENTER ST.		4.3 STREET	ADDRESS	•			
CITY-ST-ZIP	SANFORD FL 32771		4.4 CITY-ST	T-ZIP				
TITLE	DS	☐ DELETE	5.1 TITLE				Change	Addition
NAME	PERRY, JANICE		5.2 NAME					
STREET ADDRESS	2070 RUFF ROAD		5.3 STREET	ADDRESS				
CITY-ST-ZIP	SANFORD FL 32771	į	5.4 CITY-\$1	r-ZIP				
TITLE	DM	☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME	CAMBRIDGE, GEORGE		6.2 NAME					
	2156 SIPES AVE.		6.3 STREET	ADDRESS	•			
STREET ADDRESS								
CITY-ST-ZIP	SANFORD FL 32771		6.4 CITY-ST	T-ZIP				

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, with all other like empowered.