

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90036 012 ****61.25

DOCUMENT # 713609

1. Entity Name

CHUMUCKLA WATER SYSTEM, INC.



Principal Place of Business

%CHUMUCKLA WATER SYSTEMS, INC.
3007 APACHE DRIVE
PACE FL 32571
US

Mailing Address

%CHUMUCKLA WATER SYSTEMS, INC.
3007 APACHE DRIVE
PACE FL 32571
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1265550

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

BRAY, GEORGE HENRY
3900 WILLARD NORRIS RD
MILTON FL 32571

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

Donna Griffin, Manager

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-22-06

DATE

★ FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BRAY, GEORGE H	
STREET ADDRESS	3900 WILLARD NORRIS RD	
CITY-ST-ZIP	PACE FL 32571	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HATFIELD, DOUG	
STREET ADDRESS	2311 HWY 182	
CITY-ST-ZIP	JAY FL 32565	

TITLE	D	<input type="checkbox"/> Delete
NAME	KIMBROUGH, BILLY M	
STREET ADDRESS	8846 CHUMUCKLA WAY	
CITY-ST-ZIP	PACE FL 32571	

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, EASTER	
STREET ADDRESS	6585 CHUMUCKLA HWY	
CITY-ST-ZIP	PACE FL 32571	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, COLBERT	
STREET ADDRESS	6035 QUINTETTE RD	
CITY-ST-ZIP	PACE FL 32571	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLEMING, RANDY	
STREET ADDRESS	3029 DAYBREAK LANE	
CITY-ST-ZIP	PACE FL 32571	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATFIELD, DOUG	
STREET ADDRESS	2311 HWY 182	
CITY-ST-ZIP	JAY FL 32565	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRYAN HENDERSON	
STREET ADDRESS	3578 Hwy Lowery Rd	
CITY-ST-ZIP	PACE, FL 32571	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, COLBERTT	
STREET ADDRESS	6035 QUINTETTE RD	
CITY-ST-ZIP	PACE, FL 32571	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDY FLEMING	
STREET ADDRESS	3029 DAYBREAK LN	
CITY-ST-ZIP	PACE, FL 32571	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Donna Griffin

Donna Griffin / Manager

3-22-06

850-994-3061