2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# 713609

Entity Name: CHUMUCKLA WATER SYSTEM, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1265550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KILPATRICK, RONALD
6447 CHUMUCKLA HWY
PACE, FL 32571 US

Name and Address of New Registered Agent:

GRIFFIN, DONNA
3001 APACHE DRIVE
PACE, FL 32571 US

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: DONNA GRIFFIN 01/08/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BRAY, GEORGE H
Address: 3900 WILLARD NORRIS RD
City-St-Zip: PACE, FL 32571

Title: VP ( ) Delete
Name: HATFIELD, DOUG
Address: 2311 HWY 182
City-St-Zip: JAY, FL 32565

Title: D ( ) Delete
Name: KIMBROUGH, BILLY M,
Address: 8846 CHUMUCKLA WAY
City-St-Zip: PACE, FL 32571

Title: D ( ) Delete
Name: HENDERSON, BRYAN
Address: 3578 HWY LOWERY RD
City-St-Zip: PACE, FL 32571

Title: D ( ) Delete
Name: CAMPBELL, COLBERT
Address: 6035 QUINTETTE RD
City-St-Zip: MILTON, FL 32571

Title: S ( ) Delete
Name: FLEMING, RANDY
Address: 3029 DAYBREAK LANE
City-St-Zip: PACE, FL 32571

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: KILPATRICK, RONALD
Address: 6447 CHUMUCKLA HWY
City-St-Zip: PACE, FL 32571

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DONNA GRIFFIN MGR 01/08/2009
Electronic Signature of Signing Officer or Director Date