

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714278

FILED
Apr 10, 2007
Secretary of State

Entity Name: ST. JOHNS RIVER UTILITY, INC.

Current Principal Place of Business:

23939 SR 40
ASTOR, FL 32102 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 77
ASTOR, FL 32102 US

New Mailing Address:

FEI Number: 59-1412008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPARKS, GARY J
1839 S MOON CAMP RD
ASTOR, FL 32102 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BUSTLE, JOHN W
Address: 55238 CLAIRE ST
City-St-Zip: ASTOR, FL 32102

Title: ST () Delete
Name: SPARKS, GARY J
Address: 1839 S MOON CAMP RD
City-St-Zip: ASTOR, FL 32102

Title: VP () Delete
Name: HARNAGE, DARRELL J
Address: 1315 RED COLT CT
City-St-Zip: ASTOR, FL 32102

Title: D () Delete
Name: CUNNINGHAM, REVA
Address: 1747 S MOON CAMP RD, BOX 157
City-St-Zip: ASTOR, FL 32102

Title: D () Delete
Name: PIERCE, NEIL
Address: 56426 WATER OAK RD
City-St-Zip: ASTOR, FL 32102

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: D (X) Change () Addition
Name: WELLER, REVA C
Address: 1747 S MOON CAMP RD, BOX 157
City-St-Zip: ASTOR, FL 32102

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY J. SPARKS

S/T

04/10/2007

Electronic Signature of Signing Officer or Director

Date