

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714278

FILED  
Mar 24, 2008  
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 (X)

**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: WELLER, REVA C  
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: ( ) 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: GARY J. SPARKS

ST

03/24/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date