2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 715049

Entity Name: POINT BAKER WATER SYSTEM, INC.

Current Principal Place of Business:

6837 HIGHWAY 89
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 808
MILTON, FL 32572

New Mailing Address:

FEI Number: 59-1296743 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LARRY WHITE & ASSOCIATES INSURANCE AGENCY
196 E. NINE MILE RD.
PENSACOLA, FL 32534 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:	GILLIS, DOUG	
Address:	6348 FAIRFIELD DR	
City-St-Zip:	MILTON, FL 32570	
Title:	ST	( ) Delete
Name:	WOMACK, JERRY H	
Address:	3400-B WARD BASIN RD.	
City-St-Zip:	MILTON, FL 32583	
Title:	P	( ) Delete
Name:	BORDERS, VERNON	
Address:	6236 OGLESBY RD.	
City-St-Zip:	MILTON, FL 32570	
Title:	VP	( ) Delete
Name:	DRIGGERS, JERRY	
Address:	6404 SPRUCE ST.	
City-St-Zip:	MILTON, FL 32570	
Title:	D	( ) Delete
Name:	SALTER, EDWIN	
Address:	6234 PINE TERRACE CIRCLE	
City-St-Zip:	MILTON, FL 32570	
Title:	D	( ) Delete
Name:	ROWELL, KEITH	
Address:	6240 BRIGADIER ROAD	
City-St-Zip:	MILTON, FL 32570	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BORDERS, VERNON	
Address:	6236 OGLESBY RD.	
City-St-Zip:	MILTON, FL 32570	
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: JERRY WOMACK ST 01/06/2009
Electronic Signature of Signing Officer or Director — Date