

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# 716472

Entity Name: MOSSYHEAD WATER WORKS. INC.

Current Principal Place of Business:

MOSSY HEAD WATER WORKS
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

1485 CO HWY 1087
DEFUNIAK SPRINGS, FL 32433

Current Mailing Address:

1485 COUNTY HWY 1087
DEFUNIAK SPRINGS, FL 32433

New Mailing Address:

1485 CO HWY 1087
DEFUNIAK SPRINGS, FL 32433

FEI Number: 59-1683307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ADKINSON, CLAYTON J. M.
106 NORTH SIXTH STREET
N
DEFUNIAK SPRINGS, FL 32433 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: TERRELL, TOM,
Address: 225 CO HWY 1087
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: MONTALVO, ANGEL,
Address: 22 ANGEL PLACE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: DV () Delete
Name: KUSIK, MARIAN
Address: 91 OAKRIDGE WAY
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: MILLER, TOM
Address: 588 VICKIE LANE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: DVP () Delete
Name: CROSBY, TERRY
Address: 872 DONNA LANE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: MITCHELL, LUKE
Address: 98 RED HOLLEY LANE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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: TANZA, ED
Address: 208 HINOTE RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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: THOMAS L. TERRELL

P

01/07/2009

Electronic Signature of Signing Officer or Director

Date