


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # 725619 1. Entity Name WELLBORN WATER SYSTEM, INC.																																																																																																																										
Principal Place of Business 15TH AVE WELLBORN FL 32094 US			Mailing Address PO BOX 5 WELLBORN FL 32094 US																																																																																																																							
2. Principal Place of Business		3. Mailing Address																																																																																																																								
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																								
City & State		City & State																																																																																																																								
Zip	Country	Zip	Country																																																																																																																							
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																						
LEWIS, C. DEAN 105 NORTH OHIO AVENUE LIVE OAK FL 32060				Name																																																																																																																						
				Street Address (P.O. Box Number is Not Acceptable)																																																																																																																						
				City	FL	Zip Code																																																																																																																				
8. 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. I am familiar with, and accept the obligations of registered agent.																																																																																																																										
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																										
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																						
		Make Check Payable to Florida Department of State																																																																																																																								
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">V KNIGHT, BRADLEY</td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;">15TH AVE</td> </tr> <tr> <td style="padding: 2px;">CITY- ST- ZIP</td> <td colspan="2" style="padding: 2px;">WELLBORN FL</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">ST</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td colspan="2" style="padding: 2px;">GREEK, TERESA</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;">9TH AVE</td> </tr> <tr> <td style="padding: 2px;">CITY- ST- ZIP</td> <td colspan="2" style="padding: 2px;">WELLBORN FL 32094</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">PD</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td colspan="2" style="padding: 2px;">JARVIS, WALTER P</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;">6TH AVE</td> </tr> <tr> <td style="padding: 2px;">CITY- ST- ZIP</td> <td colspan="2" style="padding: 2px;">WELLBORN FL</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">D</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td colspan="2" style="padding: 2px;">WALTERS, BILL</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;">CR 137</td> </tr> <tr> <td style="padding: 2px;">CITY- ST- ZIP</td> <td colspan="2" style="padding: 2px;">WELLBORN FL 32094</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">D</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td colspan="2" style="padding: 2px;">GRAY, ROLLIE</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;">31 ST RD</td> </tr> <tr> <td style="padding: 2px;">CITY- ST- ZIP</td> <td colspan="2" style="padding: 2px;">WELLBORN FL 32094</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY- ST- ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> </table> </div> <div style="width: 48%;"> 11. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																										
SIGNATURE: <u>Teresa Greek</u> <u>Secretary Treasurer</u> <u>1-24-04</u> <u>386-963 2173</u>																																																																																																																										