

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90028 016 ****61.25

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7446338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
GREEK, TERESA
9TH AVE
WELLBORN FL 32094 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
JARVIS, WALTER P
6TH AVE
WELLBORN FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WALTERS, BILL
CR 137
WELLBORN FL 32094 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GRAY, ROLLIE
31 ST RD
WELLBORN FL 32094 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
M
HAYNARD, THOMAS
1530 8TH AVE
WELLBORN FL 32094 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Teresa Greek* *Teresa Greek - Administrative Assistant* *2-7-07* *386 963-2173*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #