2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# 725619

Entity Name: WELLBORN WATER SYSTEM, INC.

Current Principal Place of Business:

15TH AVE
WELLBORN, FL 32094 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 5
WELLBORN, FL 32094 US

New Mailing Address:

FEI Number: 23-7446338 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS,C. DEAN
105 NORTH OHIO AVENUE
LIVE OAK, FL 32060 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: ST ( ) Delete
Name: GREEK, TERESA
Address: 9TH AVE
City-St-Zip: WELLBORN, FL 32094

Title: PD ( ) Delete
Name: JARVIS, WALTER P,
Address: 6TH AVE
City-St-Zip: WELLBORN, FL

Title: D ( ) Delete
Name: WALTERS, BILL
Address: CR 137
City-St-Zip: WELLBORN, FL 32094

Title: D ( ) Delete
Name: GRAY, ROLLIE
Address: 31 ST RD
City-St-Zip: WELLBORN, FL 32094

Title: M ( ) Delete
Name: MAYNARD, THOMAS
Address: 1530 8TH AVE
City-St-Zip: WELLBORN, FL 32094

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: TERESA GREEK ST 03/04/2009
Electronic Signature of Signing Officer or Director — Date