NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747824

(1)

FLORIDA RURAL WATER ASSOCIATION, INC.

## FILED Apr 06 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address		- I ADDINI INNSTA DIBIL HANDI INDIN ISHIN DIBA DIBIA DIBIA DIBIL DIBIL DIBIL DIBIR DIBIA DIBI					
1391 TIMBERLANE RD. TALLAHASSEE FL 32312	1391 TIMBERLANE RD. TALLAHASSEE FL 32312		3. Date Incorporated or Qualified 06/27/1979					
			4. FEI Number 59-1934383	Applied For Not Applicable				
2. Principal Place of Business 21 2970 WELLINGTON CIRCLE, WE		N CIRCLE, WE	. Certificate of Status Desired	\$8.75 Additional Fee Required				
Suite, Apt. #, etc.       Suite, Apt. #, etc.         2 SUITE 101       27 SUITE 101			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
City & State  City & State  28 TALLAHASSEE, FLORIDA  29 TALLAHASSEE, FLORIDA		LORIDA	7. Is this nonprofit corporation a homeowners association?					
Zip Country 24 32308 25 USA	29 32308 30	Country USA	<ol> <li>This corporation owes or has paid the c Personal Property Tax due June 30.</li> </ol>	☐ Yes ☐ No				
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
WILLIAMS, GARY P. 1391 TIMBERLANE RD, STE 104 TALLAHASSEE FL 32312		81 Name WILL] 82 Street Address 2970	IAMS, GARY P. SS (P.O. Box Number is Not Acceptable) WELLINGTON CIRCLE, WEST					
		83 SUITE	E 101					
		84 City TALLA	AHASSEE F	L 32308				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE								

SIGNATURE _										
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	D	☐ DELETE	1.1 TITLE	VD	Change	Addition				
KAME	BRAYTON, PAUL		1.2 NAME	BRUCE MORRISON						
STREET ADDRESS	20346 EMERALD ST		1.3 STREET ADDRESS	79 SCENIC HIGHWAY, 98						
CITY-ST-ZIP	PORT CHARLOTE FL		1.4 CITY - ST - ZIP	DESTIN, FLORIDA 32541-						
TITLE	DST	■ DELETE	2.1 TITLE	D	XXX Change	Addition				
HAME	MCKINNEY, MICHAEL		2.2 NAME	MCKINNEY, MICHAEL						
STREET ADDRESS	119 S. WASHINGTON ST.		2.3 STREET ADDRESS	119 S.WASHINGTON ST.						
CITY-ST-ZIP	PERRY FL		2. 4 CITY - ST - ZIP	PERRY. FL						
TITLE	D	☐ DELETE	3.1 TITLE	DST	XX Change	Addition				
NAME	HANNA, DAVID		3.2 NAME	HANNA, DAVID						
STREET ADDRESS	1 S. CENTRAL AVE.		3.3 STREET ADDRESS	1 S. CENTRAL AVE.						
CITY-ST-ZIP	UMATILLA FL 32784		3.4. CITY-ST-ZIP	UMATILLA FL 32784						
TITLE	PD	DELETE	4.1 TITLE		☐ Change	Addition				
HAME	HOBIN, ED		4. 2 NAME							
STREET ADDRESS	10425 NOTTINGHAM FOREST DR		4.3 STREET ADDRESS							
CITY-ST-ZIP	BROOKSVILLE FL		4.4 CITY - ST - ZIP							
TITLE	VD	DELETE	5.1 TITLE	D	Change	Addition				
KAME	POLK, DARRELL		5.2 NAME	POLK, DARRELL						
STREET ADDRESS	P O BOX 326 N/A		5.3 STREET ADDRESS	P O BOX 326 N/A						
CITY-ST-ZIP	BOCA GRANDE FL		5.4 CITY-ST-ZIP	BOCA GRANDE FL						
TITLE	D	DELETE	6.1 TITLE		☐ Change	Addition				
NAME	GRUBBS, WILLIAM G		6.2 NAME							
STREET ADDRESS	3229 LAKESHORE DRIVE		6.3 STREET ADDRESS							
CITY CT. 7IP	TALLAHASSEE FL		6.4 CITY_ST_7ID							

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

DAVID HANNA

SIGNATURE:

Daniel Hanna

DAVID HANNA

DAVID HANNA

DESCRIPTION OF THE PROPERTY OF THE P

(850)668-2746

:R2E037 (10/97)