

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90178 008 ****61.25

DOCUMENT # 747824

1. Corporation Name

FLORIDA RURAL WATER ASSOCIATION, INC.

3 9 8 7 3
390783 - 90178 - 8

Principal Place of Business

2970 WELLINGTON CIR W
SUITE 101
TALLAHASSEE FL 32308
US

Mailing Address

2970 WELLINGTON CIR W
SUITE 101
TALLAHASSEE FL 32308
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/27/1979

4. FEI Number

59-1934383

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WILLIAMS, GARY P.
2970 WELLINGTON CIR W
SUITE 101
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	BRAYTON, PAUL	79 SCENIC HWY 98	DESTIN FL 32541	<input type="checkbox"/>
D	MCKINNEY, MICHAEL	119 S. WASHINGTON ST.	PERRY FL	<input type="checkbox"/>
DST	HANNA, DAVID	1 S. CENTRAL AVE.	UMATILLA FL 32784	<input type="checkbox"/>
PD	HOBIN, ED	10425 NOTTINGHAM FOREST DR	BROOKSVILLE FL	<input type="checkbox"/>
D	POLK, DARRELL	P O BOX 326 N/A	BOCA GRANDE FL	<input type="checkbox"/>
D	GRUBBS, WILLIAM G	3229 LAKESHORE DRIVE	TALLAHASSEE FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
D	BRAYTON, PAUL	20346 EMERALD ST.	PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	MORRISON, BRUCE	79 SCENIC HIGHWAY 98	DESTIN, FL 32541-4122	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DST	HANNA, DAVID	22240 LITTLE CREEK LANE	ASTOR PARK, FL 32102	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID HANNA
BOARD SECRETARY/TREASURER (850) 668-2746

Date

Daytime Phone #

CR2E037_ (11/98)