


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90084 038 ****61.25

DOCUMENT # 747824 1. Entity Name FLORIDA RURAL WATER ASSOCIATION, INC.						
Principal Place of Business 2970 WELLINGTON CIR W SUITE 101 TALLAHASSEE, FL 32309 US			Mailing Address 2970 WELLINGTON CIR W SUITE 101 TALLAHASSEE, FL 32309 US			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		4. FEI Number 59-1934383		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent WILLIAMS, GARY P E.D. 2970 WELLINGTON CIR W SUITE 101 TALLAHASSEE, FL 32309			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing 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	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAYTON, PAUL 2515 HIGHLANDS ROAD HARBOUR HEIGHTS, FL 33983 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLEASE SEE ATTACHMENT FOR TWO (2) ADDITIONAL DIRECTORS AND TITLE AND ADDRESS INFORMATION <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POLK, DARRELL P.O. BOX 188 BOCA GRANDE, FL 33921 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Polk, Darrell P.O. Box 188 Boca Grande, FL 33921 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNEY, MICHAEL P.O. BOX 1428 PERRY, FL 32348 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hobin, Ed 10425 Nottingham Forest Drive Brooksville, FL 34601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOBIN, ED 10425 NOTTINGHAM FOREST DR BROOKSVILLE, FL 34601 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hobin, Ed 10425 Nottingham Forest Drive Brooksville, FL 34601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRYGAR, RONALD 3120 SWAPS TRAIL TALLAHASSEE, FL 32309 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hobin, Ed 10425 Nottingham Forest Drive Brooksville, FL 34601 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GRUBBS, WILLIAM G 3229 LAKESHORE DRIVE TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hobin, Ed 10425 Nottingham Forest Drive Brooksville, FL 34601 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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><i>Gary Williams</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>1/16/04</u> <small>Date</small>		<u>668-2746</u> <small>Daytime Phone #</small>

Attachment
2 24002913

January 15, 2004

2004 Not-For-Profit Corporation Annual Report
Document # 747824
Attachment 1

Florida Rural Water Association, Inc.
2970 Wellington Circle, Ste 101
Tallahassee, FL 32309

(850) 668-2746

Please add the following two (2) directors, along with their titles and addresses to the
State of Florida Corporation Records of the Florida Rural Water Association, Inc.:

Block #10 Information:

BLOCK#10	Officers and Directors
TITLE	VPD
NAME	Morrison, Bruce
STREET ADDRESS	620 Circle Drive
CITY-ST-ZIP	DeFuniak Springs, FL 32435
TITLE	D
NAME	Munro, Robert
STREET ADDRESS	1968 Inverary Drive
CITY-ST-ZIP	Orlando, FL 32826

If there are any questions regarding this attachment, please contact Theresa Hollingsworth at (850) 668-2746. Thank you,