


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90063 004 \*\*\*\*61.25

<b>DOCUMENT # 747824</b> 1. Entity Name <b>FLORIDA RURAL WATER ASSOCIATION, INC.</b>					
Principal Place of Business <b>2970 WELLINGTON CIR W SUITE 101 TALLAHASSEE, FL 32309 US</b>			Mailing Address <b>2970 WELLINGTON CIR W SUITE 101 TALLAHASSEE, FL 32309 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-1934383</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILLIAMS, GARY P.E.D. 2970 WELLINGTON CIR W SUITE 101 TALLAHASSEE, FL 32309</b>			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.			DATE		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			Filing Fee is <b>\$61.25</b> <b>Due by May 1, 2005</b>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>BRAYTON, PAUL</b> <b>2515 HIGHLANDS ROAD</b> <b>HARBOUR HEIGHTS, FL 33983</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Delete <b>POLK, DARRELL</b> <b>P.O. BOX 188</b> <b>BOCA GRANDE, FL 33921</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>MCKINNEY, MICHAEL</b> <b>P.O. BOX 1428</b> <b>PERRY, FL 32348</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>HOBIN, ED</b> <b>10425 NOTTINGHAM FOREST DR</b> <b>BROOKSVILLE, FL 34601</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD <input type="checkbox"/> Delete <b>MORRISON, BRUCE</b> <b>620 CIRCLE DRIVE</b> <b>DEFUNIAK SPRINGS, FL 32435</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST <input type="checkbox"/> Delete <b>GRUBBS, WILLIAM G</b> <b>3229 LAKESHORE DRIVE</b> <b>TALLAHASSEE, FL 32312</b>				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Munro, Robert</b> <b>1968 Inverary Dr</b> <b>Orlando, FL 32826</b>				
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: <i>Gary Williams</i> <b>Gary Williams</b> 3/24/05 850.668.2746 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					