

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90179 013 \*\*\*\*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**

40069714



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-1934383**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WILLIAMS, GARY P E.D.  
2970 WELLINGTON CIR W  
SUITE 101  
TALLAHASSEE, FL 32309**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **D** ☐ Delete  
NAME **BRAYTON, PAUL**  
STREET ADDRESS **2515 HIGHLANDS ROAD**  
CITY-ST-ZIP **HARBOUR HEIGHTS, FL 33983**

TITLE **D** ☐ Change ☒ Addition  
NAME **MUNRO, ROBERT**  
STREET ADDRESS **1968 INVERARY DR**  
CITY-ST-ZIP **ORLANDO, FL 32826**

TITLE **PD** ☐ Delete  
NAME **POLK, DARRELL**  
STREET ADDRESS **P.O. BOX 188**  
CITY-ST-ZIP **BOCA GRANDE, FL 33921**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MCKINNEY, MICHAEL**  
STREET ADDRESS **P.O. BOX 1428**  
CITY-ST-ZIP **PERRY, FL 32348**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **HOBIN, ED**  
STREET ADDRESS **10425 NOTTINGHAM FOREST DR**  
CITY-ST-ZIP **BROOKSVILLE, FL 34601**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD** ☐ Delete  
NAME **MORRISON, BRUCE**  
STREET ADDRESS **620 CIRCLE DRIVE**  
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32435**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DST** ☐ Delete  
NAME **GRUBBS, WILLIAM G**  
STREET ADDRESS **3229 LAKESHORE DRIVE**  
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06

Date

850.668.2746

Daytime Phone #