

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90169 047 \*\*\*\*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**

**40059628**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-1934383**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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, 2007**

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 D ☒ Change ☐ Addition  
NAME Polk, Darrell  
STREET ADDRESS P.O. Box 188  
CITY-ST-ZIP Boca Grande, FL 33921

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

TITLE VPD ☒ Change ☐ Addition  
NAME McKinney, Michael  
STREET ADDRESS P.O. Box 1428  
CITY-ST-ZIP Perry, FL 32348

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 PD ☒ Change ☐ Addition  
NAME Morrison, Bruce  
STREET ADDRESS 620 Circle Dr  
CITY-ST-ZIP DeFuniak Springs, FL 32435

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.

**Gary Williams, Executive Director FRWA**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/09/07**

Date

**(850) 668-2746**

Daytime Phone #