

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747824

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: FLORIDA RURAL WATER ASSOCIATION, INC.

## Current Principal Place of Business:

2970 WELLINGTON CIR W  
SUITE 101  
TALLAHASSEE, FL 32309 US

## New Principal Place of Business:

2970 WELLINGTON CIR W  
TALLAHASSEE, FL 32309 US

## Current Mailing Address:

2970 WELLINGTON CIR W  
SUITE 101  
TALLAHASSEE, FL 32309 US

## New Mailing Address:

2970 WELLINGTON CIR W  
TALLAHASSEE, FL 32309 US

FEI Number: 59-1934383

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

WILLIAMS, GARY P E.D.  
2970 WELLINGTON CIR W  
TALLAHASSEE, FL 32309 US

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.

SIGNATURE:

04/17/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BRAYTON, PAUL  
Address: 2515 HIGHLANDS ROAD  
City-St-Zip: HARBOUR HEIGHTS, FL 33983

Title: D ( ) Delete  
Name: POLK, DARRELL  
Address: P.O. BOX 188  
City-St-Zip: BOCA GRANDE, FL 33921

Title: VPD ( ) Delete  
Name: MCKINNEY, MICHAEL  
Address: P.O. BOX 1428  
City-St-Zip: PERRY, FL 32348

Title: D ( ) Delete  
Name: HOBIN, ED  
Address: 10425 NOTTINGHAM FOREST DR  
City-St-Zip: BROOKSVILLE, FL 34601

Title: PD ( ) Delete  
Name: MORRISON, BRUCE  
Address: 620 CIRCLE DRIVE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: DST ( ) Delete  
Name: GRUBBS, WILLIAM G  
Address: 3229 LAKESHORE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY WILLIAMS

ED

04/17/2009

Electronic Signature of Signing Officer or Director

Date