2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007190

FILED Jan 04, 2007 Secretary of State

Entity Name: MARSH COVE WASTEWATER TREATMENT FACILITY, INC.

Current Principal Place of Business: New Principal Place of Business:

123 W HIRTH RD 123 WEST HIRTH ROAD

FERNANDINA BCH, FL 32034 FERNANDINA BEACH, FL 32034

Current Mailing Address: New Mailing Address:

123 W HIRTH RD 123 WEST HIRTH ROAD

FERNANDINA BCH, FL 32034 FERNANDINA BEACH, FL 32034

FEI Number: 51-0429386 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

BELANGIA, WILLIAM R WALKER, DAVID W 123 W HIRTH RD 123 WEST HIRTH ROAD

FERNANDINA BCH, FL 32034 US FERNANDINA BEACH, FL 32034 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: DAVID W WALKER 01/04/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

BELANGIA, WILLIAM R WALKER, DAVID W Name: Name: 96604 SANDPENNY ISLAND Address: 123 WEST HIRTH ROAD Address: City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: FERNANDINA BEACH, FL 32034

Title: () Delete Title: (X) Change () Addition

BELANGIA, SHERWOOD R Name: SCHROEDER, DONALD J Name: Address: 4269 COLONY SQ Address: 123 WEST HIRTH ROAD

City-St-Zip: EVANS, GA 30808 City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: () Delete Title: (X) Change () Addition KENNEDY, WESLEY R FLICK, RON V Name: Name:

961687 GATEWAY BOULEVARD, SUITE 201M Address: 123 WEST HIRH RD., #1304 Address: FERNANDINA BEACH, FL 32034 City-St-Zip: AMELIA ISLAND, FL 32034 US

City-St-Zip:

Title: () Delete Title: ST () Change (X) Addition Name: Name: GUNSEL, TERRY A

123 WEST HIRTH ROAD Address: Address:

City-St-Zip: City-St-Zip: FERNANDINA BEACH, FL 32034 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID W WALKER PD 01/04/2007