

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003427

FILED
Mar 25, 2009
Secretary of State

Entity Name: NORTH ESCAMBIA UTILITY AUTHORITY, INC.

Current Principal Place of Business:

1590 OLD CHEMSTRAND RD
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

PO BOX 314
GONZALEZ, FL 32560

New Mailing Address:

FEI Number: 16-1674619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, ANGELA J ESQ
6460 JUSTICE AVE
MILTON, FL 32570 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PRATHER, VERNON
Address: PO BOX 608
City-St-Zip: CANTONMENT, FL 32533

Title: VD () Delete
Name: FULLER, LISA
Address: 1101 BYRNEVILLE RD
City-St-Zip: CENTURY, FL 32535

Title: STD () Delete
Name: LOVETT, H. WAYNE
Address: PO BOX 314
City-St-Zip: GONZALER, FL 32560

Title: D () Delete
Name: BATELOFF, LARRY
Address: 1559 SILVER RIDGE DR
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: PETERS, ANDREW
Address: 4950 HIGHWAY 99A
City-St-Zip: WALNUT HILL, FL 32568

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: D (X) Change () Addition
Name: TOWNSEND, CARL
Address: PO BOX 61
City-St-Zip: CANTONMENT, FL 32533

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: H. WAYNE LOVETT

STD

03/25/2009

Electronic Signature of Signing Officer or Director

Date