

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003427

FILED  
Feb 23, 2010  
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  
Name: PRATHER, VERNON  
Address: PO BOX 608  
City-St-Zip: CANTONMENT, FL 32533

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

Title: STD  
Name: LOVETT, H. WAYNE  
Address: PO BOX 314  
City-St-Zip: GONZALEZ, FL 32560

Title: D  
Name: TOWNSEND, CARL  
Address: PO BOX 61  
City-St-Zip: CANTONMENT, FL 32533

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

I hereby 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 all other like empowered.

SIGNATURE: H. WAYNE LOVETT

STD

02/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date