## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000003862

FILED Jul 16, 2007 Secretary of State

Entity Name: NORTH GUI F WATER & SEWER COOPERATIVE INC.

Current P	rincipal Place of Business:	New Principal Place of Business:	
	HWAY 71 NORTH FCHKA, FL 32465		
Current M	lailing Address:	New Mailing Address:	
	HWAY 71 NORTH FCHKA, FL 32465	P.O. BOX 266 WEWAHITCHKA, FL 32465	
n accordan	: 26-0153257 FEI Number Applied For ( ) ce with s. 607.193(2)(b), F.S., the corporation di	·	( )
Name and	Address of Current Registered Agent	Name and Address of New Registered Agent:	
	K, GEORGE V		
	RINGTON CIRCLE SSEE, FL 32308 US		
FALLAHAS	SSEE, FL 32308 US	e purpose of changing its registered office or registered agent, o	r both
ΓALLAHAS  The above  n the State	SSEE, FL 32308 US named entity submits this statement for the of Florida.	e purpose of changing its registered office or registered agent, o	r both
FALLAHAS  The above  n the State	SSEE, FL 32308 US named entity submits this statement for the of Florida.		r both
FALLAHAS  The above  n the State  SIGNATUR	SSEE, FL 32308 US named entity submits this statement for the of Florida.  RE:		
FALLAHAS  The above  n the State  SIGNATUR	SSEE, FL 32308 US named entity submits this statement for the of Florida.  RE: Electronic Signature of Registered	Agent Date	
TALLAHAS The above not the State SIGNATUR  DFFICERS Title: Itame: Italiane:	e named entity submits this statement for the of Florida.  RE:  Electronic Signature of Registered  S AND DIRECTORS:  D () Delete  MCNAIR, ALAN PO BOX 266	Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRE  Title: ( ) Change ( ) Addition  Name: Address:	

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: ALAN MCNAIR D 07/16/2007