

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08157 (2)
1. Corporation Name
CHERRY LAKE UTILITIES CORPORATION



Principal Place of Business Mailing Address
RT 3, BOX 360 MADISON FL 32340 **RT 3, BOX 360 MADISON FL 32340**

3. Date Incorporated or Qualified **03/14/1985** 3a. Date of Last Report **03/17/1995**
4. FEI Number **59-0563580** Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**HARDEE, CARY A.
901 WEST BASE STREET
MADISON FL**
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEWELL, RUFUS	1.2 NAME	
STREET ADDRESS	ROUTE 3, BOX 885	1.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32340	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, LORINDA	2.2 NAME	
STREET ADDRESS	ROUTE 3 BOX 370	2.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32340	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIERNACKI, ROSE MARIE	3.2 NAME	
STREET ADDRESS	ROUTE 3 BOX 345	3.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32340	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, JEFF	4.2 NAME	
STREET ADDRESS	RT. 3 BOX 498	4.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32340	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, JAMES	5.2 NAME	
STREET ADDRESS	ROUTE 3, BOX 718	5.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32340	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURR, CLIFFORD	6.2 NAME	Wilson, Sally
STREET ADDRESS	ROUTE 3, BOX 390	6.3 STREET ADDRESS	RT. 3 Box 460
CITY-ST-ZIP	MADISON FL 32340	6.4 CITY-ST-ZIP	Madison, FL 32340

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 2-18-96 (912) 242-8546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)