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Feb 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32340-9509



3. Date Incorporated or Qualified
03/14/1985

3a. Date of Last Report
02/15/1996

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARDEE, CARY A.
901 WEST BASE STREET
MADISON FL

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME JEWELL, RUFUS
STREET ADDRESS ROUTE 3, BOX 885
CITY - ST - ZIP MADISON FL 32340

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE PD ☒ DELETE
NAME WILSON, LORINDA
STREET ADDRESS ROUTE 3 BOX 370
CITY - ST - ZIP MADISON FL 32340

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME Carroll, Mike
2.3 STREET ADDRESS Route 3 Box 815
2.4 CITY - ST - ZIP Madison, Fl. 32340

TITLE ST ☐ DELETE
NAME BIERNACKI, ROSE MARIE
STREET ADDRESS ROUTE 3 BOX 345
CITY - ST - ZIP MADISON FL 32340

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME FLETCHER, JEFF
STREET ADDRESS RT. 3 BOX 498
CITY - ST - ZIP MADISON FL 32340

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE VPD ☐ DELETE
NAME ADAMS, JAMES
STREET ADDRESS ROUTE 3, BOX 718
CITY - ST - ZIP MADISON FL 32340

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME WILSON, SALLY
STREET ADDRESS RT 3 BOX 460
CITY - ST - ZIP MADISON FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Rufus O. Jewell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-97

904-989-4857

CR2E037 (9/96)