


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N32194 1. Entity Name HUNTER'S RIDGE UTILITY CORP.					
Principal Place of Business 100 SHADOW CROSSINGS BLVD ORMOND BEACH, FL 32174			Mailing Address 100 SHADOW CROSSINGS BLVD ORMOND BEACH, FL 32174		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2956916	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIFFIN, TONYA L 100 SHADOW CROSSINGS BLVD ORMOND BEACH, FL 32174			7. Name and Address of New Registered Agent Name <u>Kim C. Booker</u> Street Address (P.O. Box Number is Not Acceptable) <u>1019 Town Center Dr., Suite 201</u> City <u>Orange City</u> FL <u>32763</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			600135970206 09/16/08--01022--003 ***61.25 <small>DATE</small>		
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COFFIELD, GINGER 100 SHADOW CROSSINGS BLVD ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWANSKI, PAUL 100 SHADOW CROSSING BLVD ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GRIFFIN, TONYA L 100 SHADOW CROSSINGS BLVD ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM, STOGNER 100 SHADOW CROSSING BLVD. ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOOKER, KIM 100 SHADOW CROSSING BLVD. ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRIS, JAYNE M 100 SHADOW CROSSINGS BLVD ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Perkinson, Richard 100 Shadow Crossings Blvd. Ormond Beach, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D merrill, Samuel 100 Shadow Crossings Blvd. Ormond Beach, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Rue, C.J. 100 Shadow Crossings Blvd. Ormond Beach, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D Briggs, Jayne F. 100 Shadow Crossings Blvd. Ormond Beach, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Jayne F. Briggs</u> Jayne F. Briggs 8/18/08 386-677-7275 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED

08 SEP 11 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08182008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2956916

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIFFIN, TONYA L
100 SHADOW CROSSINGS BLVD
ORMOND BEACH, FL 32174

Name Kim C. Booker
Street Address (P.O. Box Number is Not Acceptable)
1019 Town Center Dr., Suite 201
City Orange City FL 32763

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SIGNATURE [Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

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09/16/08--01022--003 ***61.25
DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
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Make check payable to
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ORMOND BEACH, FL 32174

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☐ Change ☒ Addition

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SIGNATURE: Jayne F. Briggs Jayne F. Briggs 8/18/08 386-677-7275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR