

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000002408

1. Entity Name
LLOYD WATERWORKS AUTHORITY, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 12 AM 8:30

Principal Place of Business
P.O. BOX 82
LLOYD, FL 32337

Mailing Address
P.O. BOX 82
LLOYD, FL 32337



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07122006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number
59-3390534

Applied For
Not Applicable

Zip

Country

Zip

Country

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

COOPER, BOBBY D
1512 WEKEWA NENE
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ST
NAME COOPER, BOBBY D
STREET ADDRESS 1512 WEKEWA NENE
CITY-ST-ZIP TALLAHASSEE, FL 32301 ☐ Delete

TITLE C
NAME EDWARDS, WALTER
STREET ADDRESS P.O. BOX 8 N/A
CITY-ST-ZIP LLOYD, FL 32337 ☐ Delete

TITLE D
NAME WESLEY, FITZGERALD
STREET ADDRESS P.O. BOX 212 N/A
CITY-ST-ZIP LLOYD, FL 32337 ☐ Delete

TITLE D
NAME WATSON, JOE
STREET ADDRESS P.O. BOX 252 N/A
CITY-ST-ZIP LLOYD, FL 32337 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12 Jul 06

997-0314