

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 17, 2008 8:00 am**  
**Secretary of State**

07-17-2008 90062 009 \*\*\*\*61.25

**DOCUMENT # N94000002408**

1. Entity Name  
LLOYD WATERWORKS AUTHORITY, INC.



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

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

40111368



**DO NOT WRITE IN THIS SPACE**

06202008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
59-3390534

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

COOPER, BOBBY D  
1512 WEKEWA NENE  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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

*Bobby D Cooper*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10 Jul 08

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST COOPER, BOBBY D 1512 WEKEWA NENE TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C EDWARDS, WALTER P.O. BOX 8 N/A LLOYD, FL 32337
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WESLEY, FITZGERALD P.O. BOX 212 N/A LLOYD, FL 32337
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WATSON, JOE P.O. BOX 252 N/A LLOYD, FL 32337
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*Bobby D Cooper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Bobby D. Cooper 10 Jul 08 850 997-0314