

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002408

FILED  
Aug 25, 2009  
Secretary of State

Entity Name: LLOYD WATERWORKS AUTHORITY, INC.

**Current Principal Place of Business:**

P.O. BOX 82  
LLOYD, FL 32337

**New Principal Place of Business:**

8710 OLD LLOYD ROAD  
MONTICELLO, FL 32344

**Current Mailing Address:**

P.O. BOX 82  
LLOYD, FL 32337

**New Mailing Address:**

FEI Number: 59-3390534      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

COOPER, BOBBY D  
1512 WEKEWA NENE  
TALLAHASSEE, FL 32301      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: ST      ( ) Delete  
Name: COOPER, BOBBY D  
Address: 1512 WEKEWA NENE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: C      ( ) Delete  
Name: EDWARDS, WALTER  
Address: P.O. BOX 8      N/A  
City-St-Zip: LLOYD, FL 32337

Title: D      ( ) Delete  
Name: WESLEY, FITZGERALD  
Address: P.O. BOX 212      N/A  
City-St-Zip: LLOYD, FL 32337

Title: D      ( ) Delete  
Name: WATSON, JOE  
Address: P.O. BOX 252      N/A  
City-St-Zip: LLOYD, FL 32337

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBY D. COOPER

MR.

08/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date