

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002408

FILED  
Aug 31, 2012  
Secretary of State

**Entity Name:** LLOYD WATERWORKS AUTHORITY, INC.

**Current Principal Place of Business:**

8710 OLD LLOYD ROAD  
MONTICELLO, FL 32344

**New Principal Place of Business:**

1512 WEKEWA NENE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

P.O. BOX 82  
LLOYD, FL 32337

**New Mailing Address:**

1512 WEKEWA NENE  
TALLAHASSEE, FL 32301

**FEI Number:** 59-3390534

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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  
Name: COOPER, BOBBY D  
Address: 1512 WEKEWA NENE  
City-St-Zip: TALLAHASSEE, FL 32301

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** BOBBY D. COOPER

ST

08/31/2012

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

\_\_\_\_\_  
Date