

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2009  
Secretary of State**

DOCUMENT# N96000004674

Entity Name: NORMANDY VILLAGE UTILITY CO-OP, INC.

**Current Principal Place of Business:**

1702 LINDSEY RD  
JACKSONVILLE, FL 32221

**New Principal Place of Business:**

**Current Mailing Address:**

1702 LINDSEY RD  
JACKSONVILLE, FL 32221

**New Mailing Address:**

FEI Number: 59-3470858      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

LETIEN, DENISE L  
6219 MAGELLON RD.  
JACKSONVILLE, FL 32222      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: DVPT ( ) Delete  
Name: STUDY, NORMAN D  
Address: 4631 MAGILL ROAD  
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete  
Name: LIVENGOOD, E.F  
Address: 2139 PATOU DRIVEWEST  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete  
Name: OAKLEY, AGNES R  
Address: 7935 LIMOGES DRIVE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32210

Title: DP ( ) Delete  
Name: GMUCA, RAYMOND J  
Address: 8209 BAZAINE DRIVE  
City-St-Zip: JACKSONVILLE, FL

Title: DSM ( ) Delete  
Name: LETIEN, DOROTHY E  
Address: 8091 LOURDES DRIVE SOUTH  
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete  
Name: LEVEROCK, R.E  
Address: 2042 MONTEAU DRIVE  
City-St-Zip: JACKSONVILLE, FL 32210

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

Title: DVPT (X) Change ( ) Addition  
Name: STUDY, NORMAN D  
Address: 4631 MAGILL ROAD  
City-St-Zip: JACKSONVILLE, FL 32219

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: DSM (X) Change ( ) Addition  
Name: LETIEN, DOROTHY E  
Address: 8091 LOURDES DRIVE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32210

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: DOROTHY E. LETIEN

DSM

04/28/2009

Electronic Signature of Signing Officer or Director

Date