

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004674

FILED
Apr 28, 2009
Secretary of State

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