

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004674

**FILED**  
**Apr 27, 2012**  
**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:**

7800 DELAROCHE DRIVE  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

1702 LINDSEY RD  
JACKSONVILLE, FL 32221

**New Mailing Address:**

7952 NORMANDY BOULEVARD  
SUITE 3  
JACKSONVILLE, FL 32221

**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 MAGELLAN 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: DSM  
Name: LETIEN, DOROTHY E  
Address: 8091 LOURDES DRIVE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32210

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

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

Title: DP  
Name: G穆CA, RAYMOND F  
Address: 8209 BAZAINE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D  
Name: STRICKLAND, TERRY  
Address: 2630 LOURDES DRIVE WEST  
City-St-Zip: JACKSONVILLE, FL 32210

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

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: DOROTHY E LETIEN

MSD

04/27/2012

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

\_\_\_\_\_  
Date