

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000006881

1. Entity Name  
JEFFERSON COMMUNITIES WATER SYSTEM, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL 12 AM 8:31

Principal Place of Business  
P.O. BOX 82  
LLOYD, FL 32337

Mailing Address  
P.O. BOX 82  
LLOYD, FL 32337

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07122006 Chg-NP CR2E037 (4/06)

4. FEI Number  
59-3547867

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOPER, BOBBY D  
1512 WEKEVA NENE  
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by September 6, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME EDWARDS, WALTER B JR  
STREET ADDRESS LLOYD CREEK RD.  
CITY-ST-ZIP LLOYD, FL 32337 ☐ Delete

TITLE VD  
NAME SCHWENK, CHARLES L  
STREET ADDRESS 9779 GAMBLE ROAD  
CITY-ST-ZIP MONTICELLO, FL 32344 ☐ Delete

TITLE STD  
NAME CICHON, PATRICIA  
STREET ADDRESS 1540 LIVE OAK ROAD  
CITY-ST-ZIP MONTICELLO, FL 32344 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
100077445001  
07/13/06--01006--001 \*\*122.50

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Bobby D Cooper*

12 Jul 06

Wm Vager

997 0314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #