

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000006881

1. Entity Name
JEFFERSON COMMUNITIES WATER SYSTEM, INC.



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

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



04212007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**COOPER, BOBBY D
1512 WEKEVA NENE
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000768414
07/12/07-80011-002 70.00

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 Jul 07 *(850) 510-7233*
Date Daytime Phone #