2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2017
Secretary of State
CC5921601482

DOCUMENT# 715049

Entity Name: POINT BAKER WATER SYSTEM, INC.

Current Principal Place of Business:

6837 HIGHWAY 89
MILTON, FL 32570

Current Mailing Address:

P. O. BOX 808
MILTON, FL 32572

FEI Number: 59-1296743

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LARRY WHITE & ASSOCIATES INSURANCE AGENCY
196 E. NINE MILE RD.
PENSACOLA, FL 32534 US

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

Officer/Director Detail :

Title	P
Name	GILLIS, DOUG
Address	6348 FAIRFIELD DR
City-State-Zip:	MILTON FL 32570

Title	D
Name	SHERMAN, CHARLES
Address	6013 JESSE ALLEN RD.
City-State-Zip:	MILTON FL 32570

Title	DIRECTOR
Name	SALTER, EDWIN
Address	6234 PINE TERRACE CIRCLE
City-State-Zip:	MILTON FL 32570

Title	DIRECTOR
Name	DENNIS, JAMES
Address	6960 SUMMIT WAY
City-State-Zip:	MILTON FL 32570

Title	ST
Name	WOMACK, JERRY H
Address	6532 BASS LN
City-State-Zip:	MILTON FL 32570

Title	DIRECTOR
Name	COOK, DEVANN
Address	4918 WILLARD NORRIS RD
City-State-Zip:	MILTON FL 32570

Title	VP
Name	ROWELL, KEITH
Address	6240 BRIGADIER ROAD
City-State-Zip:	MILTON FL 32570

Title	DIRECTOR
Name	RINEHART, JAMES
Address	6100 JAYS WAY
City-State-Zip:	MILTON FL 32570

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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: JERRY WOMACK SECRETARY/TREASURER 01/27/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	STEWART, JAMES
Address	PO BOX 764
City-State-Zip:	MILTON FL 32572