

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725619

Entity Name: WELLBORN WATER SYSTEM, INC.**Current Principal Place of Business:**208 15TH AVENUE
WELLBORN, FL 32094**Current Mailing Address:**P.O. BOX 5
WELLBORN, FL 32094 US**FEI Number: 23-7446338****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JARVIS, WALTER P
1506 6TH AVENUE
WELLBORN, FL 32094 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	PD
Name	JARVIS, WALTER P
Address	1505 6TH AVE
City-State-Zip:	WELLBORN FL 32094

Title	MEMBER
Name	MASO, MARTIN
Address	6144 112TH ROAD
City-State-Zip:	LIVE OAK FL 32060

Title	MEMBER
Name	MAYNARD, THOMAS
Address	1530 8TH AVE
City-State-Zip:	WELLBORN FL 32094

Title	SECRETARY, TREASURER
Name	TUCKER, MARTHA S
Address	1113 6TH AVE
City-State-Zip:	WELLBORN FL 32094

Title	MEMBER
Name	MIKITTA, JAMES
Address	12033 CR 137
City-State-Zip:	WELLBORN FL 32094

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: WALTER P JARVIS**PRESIDENT****08/02/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date