## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 790363**

FILED Jan 14, 2009 Secretary of State

Entity Name: TALQUIN ELECTRIC COOPERATIVE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1640 WEST JEFFERSON ST. QUINCY, FL 323512134 US **Current Mailing Address: New Mailing Address:** PO BOX 1679 QUINCY, FL 323531679 US FEI Number: 59-0474475 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HEWA, JOHN D 1640 W. JEFFERSON STREET QUINCY, FL 323512134 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GREEN, MAL Name: Name: 7882 BANDITS RUN Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: DURDEN, CARRIE L Name: Address: 4120 FAIRBANKS FERRY RD Address: City-St-Zip: HAVANA, FL 32333 US City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition FENN, SAMUEL J Name: LEWIS, BERNARD Name: 3539 LAKEVIEW DRIVE Address: Address: 591 LEWIS LANE City-St-Zip: TALLAHASSEE, FL 32310 US City-St-Zip: QUINCY, FL 32352 US Title: ( ) Delete Title: () Change () Addition Name: STRICKLAND, BOBBY J Name: Address: 108 COLEMAN ROAD Address: City-St-Zip: CRAWFORDVILLE, FL 32327 US City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition FENN, SAMUEL J Name: Name: 3539 LAKEVIEW DRIVE Address: Address: TALLAHASSEE, FL 32310 US City-St-Zip: City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition ALEXANDER, JOSEPH Name: Name: Address: Address: 507 DEERWOOD CIRCLE QUINCY, FL 32352 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN D. HEWA MGR 01/14/2009