## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Aug 05, 2009 **DOCUMENT# 790363** 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 ( )

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

**OFFICERS AND DIRECTORS:** 

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

## 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

DURDEN, CARRIE L Name: Name: Address: 4120 FAIRBANKS FERRY RD Address: City-St-Zip: HAVANA, FL 32333 US City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

LEWIS, BERNARD Name: ALEXANDER, JOSEPH Name: Address: 591 LEWIS LANE Address: 507 DEERWOOD CIRCLE City-St-Zip: QUINCY, FL 32352 US City-St-Zip: QUINCY, FL 32352 US

() Change () Addition Title: ( ) Delete Title:

Name: STRICKLAND, BOBBY J Name: Address: 108 COLEMAN ROAD Address: City-St-Zip: CRAWFORDVILLE, FL 32327 US City-St-Zip:

Title: () Delete Title: () Change () Addition

FENN, SAMUEL J Name: Name: 3539 LAKEVIEW DRIVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32310 US City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition ALEXANDER, JOSEPH VANLANDINGHAM, BILLY Name: Name:

Address: 507 DEERWOOD CIRCLE Address: 519 TELOGIA CREEK ROAD QUINCY, FL 32352 US City-St-Zip: QUINCY, FL 32351 US 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 **GM** 08/05/2009