

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2009
Secretary of State**

DOCUMENT# N99000001910

Entity Name: SUNSET BEACH/300 OCEAN MILE UTILITY COOPERATIVE, INC.

Current Principal Place of Business:

1920 E. GULF BEACH DRIVE
ST. GEORGE ISLAND, FL 32328

New Principal Place of Business:

Current Mailing Address:

P O BOX 876
EASTPOINT, FL 32328

New Mailing Address:

FEI Number: 59-3576845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC
1914 SUNSET DR
EASTPOINT, FL 32328 US

Name and Address of New Registered Agent:

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:

Title: P/T () Delete
Name: GLEASMAN, WAYNE
Address: P O BOX 876
City-St-Zip: EASTPOINT, FL 32328

Title: D () Delete
Name: SPOHRER, HELEN
Address: 140 W 1ST STREET SUITE D
City-St-Zip: ST GEORGE ISLAND, FL 32328

Title: VP () Delete
Name: MOORE, BILL
Address: P O BOX 40089
City-St-Zip: AUGUSTA, GA 30909

Title: D () Delete
Name: HORNE, RYAN
Address: 1760 E. GULF BEACH DRIVE UNIT A5
City-St-Zip: ST. GEORGE ISLAND, FL 32328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: WAYNE M GLEASMAN

RA

04/29/2009

Electronic Signature of Signing Officer or Director

Date