


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90203 042 \*\*\*\*61.25

<b>DOCUMENT # 790363</b> 1. Entity Name <b>TALQUIN ELECTRIC COOPERATIVE, INC.</b>					
Principal Place of Business <b>1640 WEST JEFFERSON ST. QUINCY, FL 32351-2134 US</b>			Mailing Address <b>PO BOX 1679 QUINCY, FL 32353-1679 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04232008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-0474475</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>HEWA, JOHN D</b> <b>1640 W. JEFFERSON STREET</b> <b>QUINCY, FL 32351-2134</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GREEN, MAL</b> <b>7882 BANDITS RUN</b> <b>TALLAHASSEE, FL 32308</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VANLANDINGHAM, WILLIAM R</b> <b>519 TELOGIA CREEK ROAD</b> <b>QUINCY, FLORIDA 32351</b>
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SUMNER, AMOS</b> <b>19506 NE OLD BLUE CREEK ROAD</b> <b>HOSFORD, FL 32334</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRISTOL, DR. CLIFFORD</b> <b>15333 N.W. COUNTY ROAD</b> <b>BRISTOL, FLORIDA 32321</b>
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T</b> <b>LEWIS, BERNARD</b> <b>591 LEWIS LANE</b> <b>QUINCY, FL 32352</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DURDEN, CARRIE L</b> <b>4120 FAIRBANKS FERRY ROAD</b> <b>HAVANA, FLORIDA 32333</b>
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ENGLISH, JR., COLIN</b> <b>4267 ENGLISH LANE</b> <b>TALLAHASSEE, FL 32301</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRUCE, DOUG</b> <b>4553 WILLIAMS ROAD</b> <b>TALLAHASSEE, FLORIDA 32302</b>
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FENN, SAMUEL J</b> <b>3539 LAKEVIEW DRIVE</b> <b>TALLAHASSEE, FL 32310</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALEXANDER, JOSEPH</b> <b>507 DEERWOOD CIRCLE</b> <b>QUINCY, FLORIDA 32321</b>
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STRICKLAND, BOBBY J</b> <b>108 COLEMAN ROAD</b> <b>CRAWFORDVILLE, FL 32327</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/23/08 <small>Date</small>		850-627-7651 <small>Daytime Phone #</small>