

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 790275

**Entity Name:** SUWANNEE VALLEY ELECTRIC COOPERATIVE, INC.**Current Principal Place of Business:**11340 100TH STREET  
LIVE OAK, FL 32060**Current Mailing Address:**PO BOX 160  
LIVE OAK, FL 32064 US**FEI Number:** 59-0472323**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MCWATERS, MICHAEL  
11340 100TH ST  
LIVE OAK, FL 32060 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:** MICHAEL MCWATERS

01/16/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name HART, WILLIAM F  
Address 102 SW C.F. HART LANE  
City-State-Zip: MAYO FL 32066

Title VD  
Name GOFF, JERRY  
Address 10379 168TH ST.  
City-State-Zip: MC ALPIN FL 32062

Title DIRECTOR  
Name LORD, SIDNEY  
Address 13206 STATE RD 51  
City-State-Zip: LIVE OAK FL 32060

Title D  
Name ROBERSON, LAURE B  
Address 12977 52ND STREET  
City-State-Zip: LIVE OAK FL 32060

Title D  
Name WALKER, CHARLES A  
Address 5950 290TH ST.  
City-State-Zip: BRANFORD FL 32008

Title PRESIDENT  
Name HUNTER, HUGH  
Address 17600 SE 57TH ST.  
City-State-Zip: JASPER FL 32052

Title SECRETARY  
Name PUTNAL, TYLER  
Address 1022 NW PUTNAL ROAD  
City-State-Zip: MAYO FL 32066

Title TREASURER  
Name STEICHEN, TIMOTHY  
Address 8076 31ST ROAD  
City-State-Zip: WELLBORN FL 32094

**Continues on page 2**

*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:** MICHAEL MCWATERS

EXEC. VP/CEO

01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                    CEO  
Name                    MCWATERS, MICHAEL  
Address                PO BOX 160  
City-State-Zip:    LIVE OAK FL 32064

Title                    DIRECTOR  
Name                    ADAMS, MICHAEL  
Address                PO BOX 160  
City-State-Zip:    LIVE OAK FL 32064