

**2023 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

04/11/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name FOLSOM, FRANCENE  
Address 184 SW C.F. HART LANE  
City-State-Zip: MAYO FL 32066

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

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

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

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

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

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

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

**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 S. MCWATERS

EXECUTIVE VP/CEO

04/11/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 BOYETTE, CYNTHIA  
Address             4751 92ND STREET  
City-State-Zip:   LIVE OAK FL 32606

Title                   DIRECTOR  
Name                 ROBERSON, LAURE B  
Address             12752 COUNTY ROAD 132  
City-State-Zip:   LIVE OAK FL 32606