

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 790363

**Entity Name:** TALQUIN ELECTRIC COOPERATIVE, INC.

**Current Principal Place of Business:**

1640 WEST JEFFERSON ST.  
QUINCY, FL 32351-2134

**Current Mailing Address:**

PO BOX 1679  
QUINCY, FL 32353-1679 US

**FEI Number: 59-0474475**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BENSLEY, TRACY A  
1640 W. JEFFERSON STREET  
QUINCY, FL 32351-2134 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name PARARO, CARLA  
Address 1640 WEST JEFFERSON ST.  
City-State-Zip: QUINCY FL 32351-2134

Title DIRECTOR  
Name WINTER, GREG  
Address 1640 WEST JEFFERSON ST.  
City-State-Zip: QUINCY FL 32351-2134

Title PRESIDENT  
Name ALEXANDER, JOSEPH  
Address 1640 WEST JEFFERSON ST.  
City-State-Zip: QUINCY FL 32351-2134

Title D  
Name MILLER, DAVID  
Address 1640 WEST JEFFERSON ST.  
City-State-Zip: QUINCY FL 32351-2134

Title D  
Name FENN, SAMUEL J  
Address 1640 WEST JEFFERSON ST.  
City-State-Zip: QUINCY FL 32351-2134

Title SECRETARY  
Name VANLANDINGHAM, BILLY  
Address 1640 WEST JEFFERSON ST.  
City-State-Zip: QUINCY FL 32351-2134

Title VP  
Name BRISTOL, CLIFFORD  
Address 1640 WEST JEFFERSON ST.  
City-State-Zip: QUINCY FL 32351-2134

Title DIRECTOR  
Name O'STEEN, JASON  
Address 1640 WEST JEFFERSON ST.  
City-State-Zip: QUINCY FL 32351-2134

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*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: JOSEPH ALEXANDER**

**PRESIDENT**

**03/13/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            WRIGHT, DAVID  
Address        1640 WEST JEFFERSON ST.  
City-State-Zip: QUINCY FL 32351-2134