

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000000050

Entity Name: CLAY ELECTRIC FOUNDATION, INC.**Current Principal Place of Business:**10 CITRUS AVE
KEYSTONE HEIGHTS, FL 32656**Current Mailing Address:**10 CITRUS AVE
KEYSTONE HEIGHTS, FL 32656 US**FEI Number:** 61-1777637**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMAS, DERICK
10 CITRUS AVE
KEYSTONE HEIGHTS, FL 32656 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:** DERICK R THOMAS

01/03/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BAILEY, STEPHEN E
Address 12685 S US HWY 441
City-State-Zip: LAKE CITY FL 32025

Title VP
Name BARROW, KATHLEEN R
Address 7065 IMMOKALEE RD
City-State-Zip: KEYSTONE HEIGHTS FL 32656

Title SECRETARY
Name BROWN, REGINAL L
Address 8739 SE 64TH PL
City-State-Zip: GAINESVILLE FL 32641

Title TREASURER
Name LARRY FEAGLE, RICHARD
Address 15947 SW ARCHER RD
City-State-Zip: ARCHER FL 32618

Title DIRECTOR
Name ANN PURINTON, SHIRLEY
Address 121 PENIEL CHURCH RD
City-State-Zip: PALATKA FL 32177

Title DIRECTOR
Name SANDERS, ELZIE S
Address 344 N WALNUT ST
City-State-Zip: STARKE FL 32091

Title DIRECTOR
Name GARRISON, WILLIAM E
Address 5288 CR 281 WEST
City-State-Zip: MIDDLEBURG FL 32068

Title DIRECTOR
Name KNIGHT, CAROL
Address 7230 NE 220TH AVE
City-State-Zip: WILLISTON FL 32696

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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: DERICK R THOMAS**DIRECTOR**

01/03/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GLORIUS, MARIANNE
Address 3969 NE 67TH TERRACE
City-State-Zip: SILVER SPRINGS FL 34488

Title DIRECTOR
Name THOMAS, DERICK R
Address 12295 WEST SR 238
City-State-Zip: LAKE BUTLER FL 32054