

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

1082

**DOCUMENT # 790272 (9)**

1. Corporation Name  
**CLAY ELECTRIC COOPERATIVE, INC.**



Principal Place of Business: 225 W. WALKER DRIVE, P. O. BOX 308, KEYSTONE HEIGHTS FL 32656  
Mailing Address: 225 W. WALKER DRIVE, P. O. BOX 308, KEYSTONE HEIGHTS FL 32656

3. Date Incorporated or Qualified: **12/09/1937**  
3a. Date of Last Report: **04/28/1995**  
4. FEI Number: **59-0196695**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24, Country: 25  
City & State: 27  
Zip: 28, Country: 30

9. Name and Address of Current Registered Agent: **PHILLIPS, WILLIAM C. 225 W. WALKER DR. KEYSTONE HEIGHTS FL 32656**  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HASTINGS, ANGUS</b>	12 NAME	
STREET ADDRESS	<b>17188 NE 45TH AVENUE ROAD</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>FT MCCOY FL</b>	14 CITY - ST - ZIP	<b>Ft. McCoy, Fl 32134</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WINGATE, RAYMOND</b>	22 NAME	
STREET ADDRESS	<b>6505 IMMOKALEE RD</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>KEYSTONE HEIGHTS FL 32656</b>	24 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MULLINS, ROBERT S.</b>	32 NAME	
STREET ADDRESS	<b>1702 S. WATER STREET</b>	33 STREET ADDRESS	<b>Starke, Fl 32091</b>
CITY - ST - ZIP	<b>STARKE FL</b>	34 CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALPHURS, THOMAS L</b>	42 NAME	
STREET ADDRESS	<b>ROUTE 1, BOX 84</b>	43 STREET ADDRESS	
CITY - ST - ZIP	<b>ALACHUA FL 32615</b>	44 CITY - ST - ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, CEDRICK M JR</b>	52 NAME	
STREET ADDRESS	<b>RT. 1, BOX 350</b>	53 STREET ADDRESS	<b>106 NE 6th Ave.</b>
CITY - ST - ZIP	<b>MICANOPY FL</b>	54 CITY - ST - ZIP	<b>Williston, Fl 32696</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GNANN, FLOYD</b>	62 NAME	<b>D</b>
STREET ADDRESS	<b>4138 EVERETT AVENUE</b>	63 STREET ADDRESS	
CITY - ST - ZIP	<b>MIDDLEBURG FL 32068</b>	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ray Wingate* 04/02/96 (352) 473-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Ray Wingate

CR2E037 (12/96)

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12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
7.1 TITLE	D	7.1 TITLE	Change Addition
7.2 NAME	Smith, Kelly R., Jr.	7.2 NAME	
7.3 ADDRESS	Rt. 2, Box 1746	7.3 ADDRESS	
7.4 CITY-ST-ZIP	Palatka, FL 32177	7.4 CITY-ST-ZIP	
8.1 TITLE	D	8.1 TITLE	SD X Change Addition
8.2 NAME	Reeves, Susan S.	8.2 NAME	
8.3 ADDRESS	Rt. 3, Box 67	8.3 ADDRESS	
8.4 CITY-ST-ZIP	Hawthorne, FL 32640-2146	8.4 CITY-ST-ZIP	
9.1 TITLE	D	9.1 TITLE	Change Addition
9.2 NAME	Whitehead, John	9.2 NAME	
9.3 ADDRESS	Rt. 1, Box 478	9.3 ADDRESS	
9.4 CITY-ST-ZIP	Lake Butler, FL 32054	9.4 CITY-ST-ZIP	