

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 790272 (9)

1. Corporation Name
CLAY ELECTRIC COOPERATIVE, INC.



Principal Place of Business Mailing Address
225 W. WALKER DRIVE P. O. BOX 308 KEYSTONE HEIGHTS FL 32656
225 W. WALKER DRIVE P. O. BOX 308 KEYSTONE HEIGHTS FL 32656-0308

3. Date Incorporated or Qualified 12/09/1937 3a. Date of Last Report 04/22/1996
4. FEI Number 59-0196695 Applied For Not Applicable
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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 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 FL 85 Zip Code

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
TITLE D DELETE
NAME HASTINGS, ANGUS
STREET ADDRESS 17188 NE 45TH AVENUE ROAD
CITY-ST-ZIP FT MCCOY FL
TITLE PD DELETE
NAME WINGATE, RAYMOND
STREET ADDRESS 6505 IMMOKALEE RD
CITY-ST-ZIP KEYSTONE HEIGHTS FL
TITLE D DELETE
NAME MULLINS, ROBERT S.
STREET ADDRESS 1702 S. WATER STREET
CITY-ST-ZIP STARKE FL
TITLE VD DELETE
NAME MALPHURS, THOMAS L
STREET ADDRESS ROUTE 1, BOX 84
CITY-ST-ZIP ALACHUA FL 32615
TITLE TD DELETE
NAME SMITH, CEDRICK M JR
STREET ADDRESS 106 NE 6TH AVE
CITY-ST-ZIP WILLISTON FL
TITLE D DELETE
NAME GNANN, FLOYD
STREET ADDRESS 4138 EVERETT AVENUE
CITY-ST-ZIP MIDDLEBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP FT. MCCOY, FL 32134
2.1 TITLE Change Addition
2.2 NAME D
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656
3.1 TITLE Change Addition
3.2 NAME TD
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP STARKE, FL 32091
4.1 TITLE Change Addition
4.2 NAME PD
4.3 STREET ADDRESS 17216 NW 262 Ave
4.4 CITY-ST-ZIP ALACHUA, FL 32615
5.1 TITLE Change Addition
5.2 NAME VD
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP WILLISTON, FL 32696
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP MIDDLEBURG, FL 32068

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Thomas L. Malphurs* (352) 473-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0011231

CR2E037 (9/96)

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	