

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90261 050 \*\*\*\*70.00

**Z0040801**



04062005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # 790272</b>					
1. Entity 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 59-0196695	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PHILLIPS, WILLIAM C. 225 W. WALKER DR. KEYSTONE HEIGHTS, FL 32656			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASTINGS, ANGUS		NAME		
STREET ADDRESS	17188 NE 45TH AVENUE ROAD		STREET ADDRESS		
CITY-ST-ZIP	FORT MCCOY, FL 32134		CITY-ST-ZIP	CITRA, FLORIDA 32113	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINGATE, RAYMOND		NAME		
STREET ADDRESS	6505 IMMOKALEE RD		STREET ADDRESS		
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLINS, ROBERT S.		NAME		
STREET ADDRESS	10334 SE STATE RD. 100		STREET ADDRESS		
CITY-ST-ZIP	STARKE, FL 32091		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALPHURS, THOMAS L		NAME		
STREET ADDRESS	17216 N.W. 262 AVE.		STREET ADDRESS		
CITY-ST-ZIP	ALACHUA, FL 32615		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CEDRICK M JR		NAME		
STREET ADDRESS	108 NE 6TH AVE		STREET ADDRESS		
CITY-ST-ZIP	WILLISTON, FL 32696		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GNANN, FLOYD		NAME		
STREET ADDRESS	4138 EVERETT AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP		
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			Date: 4/11/05		Daytime Phone #: 352-473-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

# ATTACHMENT

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10. OFFICERS AND DIRECTORS		11. OFFICERS AND DIRECTORS CHANGES	
7.1 TITLE		7.1 TITLE	D Change X Addition
7.2 NAME		7.2 NAME	Smith, Kelly R., Jr.
7.3 ADDRESS		7.3 ADDRESS	1526 Hwy 17 North
7.4 CITY-ST-ZIP		7.4 CITY-ST-ZIP	Bostwick, FL 32007
8.1 TITLE		8.1 TITLE	P/D X Change X Addition
8.2 NAME		8.2 NAME	Reeves, Susan S.
8.3 ADDRESS		8.3 ADDRESS	12828 S Hwy 301
8.4 CITY-ST-ZIP		8.4 CITY-ST-ZIP	Hawthorne, FL 32640
9.1 TITLE		9.1 TITLE	D Change X Addition
9.2 NAME		9.2 NAME	Whitehead, John
9.3 ADDRESS		9.3 ADDRESS	Rt. 1, Box 478 N/A
9.4 CITY-ST-ZIP		9.4 CITY-ST-ZIP	Lake Butler, FL 32054
10.1 TITLE		10.1 TITLE	CEO Change X Addition
10.2 NAME		10.2 NAME	Phillips, William C.
10.3 ADDRESS		10.3 ADDRESS	225 W. Walker Dr.
10.4 CITY-ST-ZIP		10.4 CITY-ST-ZIP	Keystone Heights, FL 32656