


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90431 038 ****70.00

DOCUMENT # 790272
 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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

90000001



01042006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent
 PHILLIPS, WILLIAM C.
 225 W. WALKER DR.
 KEYSTONE HEIGHTS, FL 32656

4. FEI Number
 59-0196695

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASTINGS, ANGUS 17188 NE 45TH AVENUE ROAD CITRA, FL 32113 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINGATE, RAYMOND 6505 IMMOKALEE RD KEYSTONE HEIGHTS, FL 32656 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MULLINS, ROBERT S. 10334 SE STATE RD. 100 STARKE, FL 32091 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALPHURS, THOMAS L 17216 N.W. 262 AVE. ALACHUA, FL 32615 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, CEDRICK M JR 108 NE 6TH AVE WILLISTON, FL 32696 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GNANN, FLOYD 4138 EVERETT AVENUE MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *William C. Phillips* - WILLIAM C. PHILLIPS - 4/18/06 (352) 473-8000 x8269
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

annualrpt

ATTACHMENT
40060637
790272

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	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 X Change X Addition
9.2 NAME		9.2 NAME	Whitehead, John
9.3 ADDRESS		9.3 ADDRESS	21236 NE 100th Trail
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