


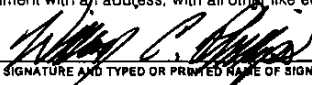
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90397 021 ****70.00

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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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-0196695		Applied For Not Applicable	
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 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY - ST - ZIP	VD HASTINGS, ANGUS 17188 NE 45TH AVENUE ROAD CITRA, FL 32113 <input type="checkbox"/> Delete	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	TD SMITH, KELLY R JR 1526 HWY 17 NORTH BOSTWICK, FL 32007 <input type="checkbox"/> Delete	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	PD MULLINS, ROBERT S 10334 SE STATE RD. 100 STARKE, FL 32091 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, CEDRICK M JR 108 NE 6TH AVE WILLISTON, FL 32696 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GNANN, FLOYD 4138 EVERETT AVENUE MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/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: 		Date: 4/18/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		352-473-8000 Daytime Phone #	

ATTACHMENT

annlrpt

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#790272

10. OFFICERS AND DIRECTORS		11. OFFICERS AND DIRECTORS CHANGES	
7.1 TITLE		7.1 TITLE	T/D Change X Addition
7.2 NAME		7.2 NAME	Dean, Laura G
7.3 ADDRESS		7.3 ADDRESS	6461 Baker Rd
7.4 CITY-ST-ZIP		7.4 CITY-ST-ZIP	Keystone Heights, FL 32656
8.1 TITLE		8.1 TITLE	D 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 Jr, John Henry
9.3 ADDRESS		9.3 ADDRESS	10320 NE 207th Lane
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