

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90118 012 \*\*\*\*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

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

**\$8.75 Additional  
Fee Required**

CHECK HERE IF MAKING CHANGES



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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
NAME **D HASTINGS, ANGUS**  
STREET ADDRESS **17188 NE 45TH AVENUE ROAD**  
CITY-ST-ZIP **FT MCCOY FL 32134**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **PD WINGATE, RAYMOND**  
STREET ADDRESS **6505 IMMOKALEE RD**  
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE  Change  Addition  
NAME **D**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D MULLINS, ROBERT S.**  
STREET ADDRESS **1702 S WATERS ST**  
CITY-ST-ZIP **STARKE FL 32091**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **10334 SE State Rd 100**  
CITY-ST-ZIP **Starke, Fl 32091**

TITLE  Delete  
NAME **SD MALPHURS, THOMAS L**  
STREET ADDRESS **17216 N.W. 262 AVE.**  
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE  Change  Addition  
NAME **V/D**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D SMITH, CEDRICK M JR**  
STREET ADDRESS **106 NE 6TH AVE**  
CITY-ST-ZIP **WILLISTON FL 32696**

TITLE  Change  Addition  
NAME **T/D**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **PD GNANN, FLOYD**  
STREET ADDRESS **4138 EVERETT AVENUE**  
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE  Change  Addition  
NAME **D**  
STREET ADDRESS  
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: *[Signature]* **REQUIRED**

*4/17/03*

(352)473-8000

CR2E037 (10/02)

90092639

ATTACHMENT  
790272

**Clay Electric Cooperative**

10. OFFICERS AND DIRECTORS		11. OFFICERS AND DIRECTORS CHANGES	
7.1 TITLE		7.1 TITLE	P/D X 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	S/D X Change X Addition
8.2 NAME		8.2 NAME	Reeves, Susan S.
8.3 ADDRESS		8.3 ADDRESS	12828 S US 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

\*Note the N/A in the address is because no street address is available.