

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90186 032 \*\*\*\*61.25

<b>DOCUMENT # 790273</b> 1. Entity Name <b>WEST FLORIDA ELECTRIC COOPERATIVE ASSOCIATION, INC.</b>					
Principal Place of Business <b>5282 PEANUT RD, P O BOX 127 GRACEVILLE, FL 32440</b>			Mailing Address <b>5282 PEANUT RD, P O BOX 127 GRACEVILLE, FL 32440</b>		
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 <b>59-0504115</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>RIMES, WILLIAM S 5282 PEANUT ROAD GRACEVILLE, FL 32440</b>				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC ELLIS, NICHOLS 19667 NW STATE ROAD 73 CLARKVILLE, FL 32430</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C WORTHINGTON, JOHN E 5008 BURNS LAKE ROAD CARYVILLE, FL 32427</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST BUSH, RANDY 3851 HIGHWAY 2 GRACEVILLE, FL 32440</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALFORD, EUGENE 896 STONE RD GRAND RIDGE, FL 32442</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MILES, A C 2416 SYFRETT RD COTTONDALE, FL 32431</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PRESCOTT, HENRY 1608 HIGHWAY 81 WESTVILLE, FL 32464</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALFORD, EUGENE 896 STONE RD GRAND RIDGE, FL 32442</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C MILES, A C 2416 SYFRETT RD COTTONDALE, FL 32431</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PRESCOTT, HENRY 1608 HIGHWAY 81 WESTVILLE, FL 32464</b>	<input 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.					
<b>SIGNATURE:</b> _____		42507		850-263-3231	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT  
40085419  
# 790273

**WEST FLORIDA ELECTRIC COOPERATIVE  
ASSOCIATION**

**OFFICERS AND DIRECTORS (CONT'D)**

**2006**

**ST**

**Joe E. Rone  
2706 Marian Drive  
Bonifay, Florida 32425**

**D**

**John C. Patrick, Sr.  
5366 River Road  
Bascom, Florida 32423**

**D**

**Charles B. Holman  
5413 Mill Creek Road  
Graceville, Florida 32440**