

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90201 039 ****61.25

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DOCUMENT # 790275 1. Entity Name SUWANNEE VALLEY ELECTRIC COOPERATIVE, INC.					
Principal Place of Business 11340 100TH STREET LIVE OAK, FL 32060			Mailing Address PO BOX 160 LIVE OAK, FL 32064 US		
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 59-0472323				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARTIN, JERRY 11340 100TH STREET LIVE OAK, FL 32060			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 _____					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	D POUCHER, GEORGE 3966 72ND STREET LIVE OAK, FL 32060	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUNTER, HUGH RT. 4 Box 63 Jasper, FL 32052	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, J.C. P.O. BOX 116 N/A BRANFORD, FL 32008	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HART, WILLIAM F. RT. 3 Box 72 Mayo, FL 32066	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, R.H., JR. 14138 76TH STREET LIVE OAK, FL 32060	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, JC 28460 US 129 S. Branford, FL 32008	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, DOYLE ROUTE 1 BOX 669 MAYO, FL 32066	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORD, SIDNEY 13206 State Rd. 51 Live Oak, FL 32060	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLAIR, ALTON 5175 SW 69TH BLVD. JASPER, FL 32052	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOFF, JERRY 10379 168TH ST. MC ALPIN, FL 32062	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <i>William F. Hart</i> (Signature and typed or printed name of signing officer or director)			Date _____ (386) 362-2226 Daytime Phone #		

William F. Hart