


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90183 006 \*\*\*\*61.25

<b>DOCUMENT # 790275</b> 1. Entity Name <b>SUWANNEE VALLEY ELECTRIC COOPERATIVE, INC.</b>					
Principal Place of Business <b>11340 100TH STREET LIVE OAK, FL 32060</b>			Mailing Address <b>PO BOX 160 LIVE OAK, FL 32064 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MARTIN, JERRY 11340 100TH STREET LIVE OAK, FL 32060</b>				Name <b>John Martz</b> Street Address (P.O. Box Number is Not Acceptable) <b>11340 100th St.</b> City <b>Live Oak</b> <b>FL</b> Zip Code <b>32060</b>	
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 <u>John Martz, Executive VP/CEO</u> <i>John Martz</i> <span style="float: right;">4/13/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>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>D POUCHER, GEORGE 3966 72ND STREET LIVE OAK, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD Poucher, George 3966 72nd St. Live Oak, FL 32060</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WALKER, J.C. 28460 US 129 S BRANFORD, FL 32008</b> <input checked="" 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	<b>D SCOTT, R.H., JR. 14136 76TH STREET LIVE OAK, FL</b> <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	<b>D BELL, DOYLE ROUTE 1 BOX 669 MAYO, FL</b> <input checked="" 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	<b>SD BLAIR, ALTON 5175 SW 69TH BLVD. JASPER, FL 32052</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Blair, Alton 5175 SW 69th Blvd. Jasper, FL 32052</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD GOFF, JERRY 10379 168TH ST. MC ALPIN, FL 32062</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Goff, Jerry 10379 168th St. McAlpin, FL 32062</b> <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.					
<b>SIGNATURE:</b> <u>Jerry Goff</u> <i>Jerry Goff</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/25/06</u> <span style="float: right;">(386) 362-2226</span> <small>Daytime Phone #</small>		

# ATTACHMENT

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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles Walker 5950 290th St. Branford, FL 32008 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John D. Horton 8195 NW CR 53 Mayo, FL 32066 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hart, William F. Rt. 3 Box 72 Mayo, FL 32066	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hart, William F. Rt. 3 Box 72 Mayo, FL 32066 Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Hunter, Hugh Rt. 4 Box 63 Jasper, FL 32052	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hunter, Hugh Rt. 4 Box 63 Jasper, FL 32052 Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lord, Sidney 13206 State Road 51 Live Oak, FL 32060	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Lord, Sidney 13206 State Road 51 Live Oak, FL 32060 Change