2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790321

FILED Mar 27, 2007 Secretary of State

Entity Name: ESCAMBIA RIVER ELECTRIC COOPERATIVE, INC.

	rincipal Place of Business:	New Principal Place of Business:
3425 HWY P.O. BOX JAY, FL 3	428	3425 HWY #4 W. JAY, FL 32565
Current M	lailing Address:	New Mailing Address:
3425 HWY P.O. BOX JAY, FL 3	428	
FEI Number	: 59-0235225 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
Name and	Address of Current Registered Ager	nt: Name and Address of New Registered Agent:
	.L, CLAY R. ^r . 4 WEST 2565 US	
	named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATUI		
	Electronic Signature of Registere	d Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title:	D () Delete	Title: () Change () Addition
Name: Address:	JOHNSON, JOHNIE 2950 PURDUE RD MCDAVID, FL 48	Name: Address: City-St-Zip:
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	2950 PURDUE RD	Name: Address:
Name: Address: City-St-Zip: Title: Name: Address:	2950 PURDUE RD MCDAVID, FL 48 D () Delete MCARTHUR, CAL E 5525 OLD POLLARD RD	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address:	2950 PURDUE RD MCDAVID, FL 48 D () Delete MCARTHUR, CAL E 5525 OLD POLLARD RD JAY, FL DST () Delete LOCKLIN, RADFORD JR 15451 MUNSON HWY	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address:	2950 PURDUE RD MCDAVID, FL 48 D () Delete MCARTHUR, CAL E 5525 OLD POLLARD RD JAY, FL DST () Delete LOCKLIN, RADFORD JR 15451 MUNSON HWY MILTON, FL 32570 D () Delete COON, WILLIAM P 3510 SANDY HOLLOW RD.	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAY R. CAMPBELL CEO 03/27/2007