


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90394 024 \*\*\*\*61.25

<b>DOCUMENT # 790340</b> 1. Entity Name <b>CENTRAL FLORIDA ELECTRIC COOPERATIVE, INC.</b>					
Principal Place of Business <b>1124 NORTH YOUNG BLVD CHIEFLAND, FL 32626</b>			Mailing Address <b>P. O. BOX 9 CHIEFLAND, FL 32644 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-0188973</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CAMPBELL, MIKE 1124 NORTH YOUNG BLVD. CHIEFLAND, FL 32626</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ <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, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWNSEND, CLYDE 1124 NORTH YOUNG BLVD CHIEFLAND, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASBELL, GAIL 1124 NORTH YOUNG BLVD CHIEFLAND, FL		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTEEN, KENNETH 1124 NORTH YOUNG BLVD CHIEFLAND, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINCEY, KYLE 1124 NORTH YOUNG BLVD CHIEFLAND, FL 32626		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANE, DONALD 1124 NORTH YOUNG BLVD CHIEFLAND, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIKELL, RANDY 1124 NORTH YOUNG BLVD. CHIEFLAND, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIKELL, ALAN 1124 NORTH YOUNG BOULEVARD CHIEFLAND, FL		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-21-08 352-493-2511 <small>Date Daytime Phone #</small>		

40086333



04182008 Chg-NP CR2E037 (12/06)

ATTACHMENT  
40086953  
# 790340

**ATTACHMENT TO NUMBER 10:**

**DIRECTOR  
THELMA MCCAIN  
1124 NORTH YOUNG BOULEVARD  
CHIEFLAND, FLORIDA 32626**

**DIRECTOR  
GEORGE STEPHENS  
1124 NORTH YOUNG BOULEVARD  
CHIEFLAND, FLORIDA 32626**

**PRESIDENT  
TONY WEEKS  
1124 NORTH YOUNG BOULEVARD  
CHIEFLAND, FLORIDA 32626**