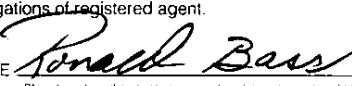
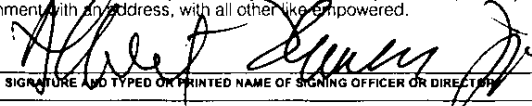


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90085 007 \*\*\*\*70.00

<b>DOCUMENT # 790361</b> 1. Entity Name <b>TRI COUNTY ELECTRIC COOPERATIVE INC.</b>					
Principal Place of Business <b>HIGHWAY US 90 WEST P O BOX 208 MADISON, FL 32341 US</b>			Mailing Address <b>HIGHWAY US 90 WEST P O BOX 208 MADISON, FL 32341 US</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>59-0485704</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BASS, RONALD HIGHWAY US 90 WEST MADISON, FL 32341</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>General Manager</b> </div> <div style="width: 30%; text-align: right;"> <b>1-10-08</b>  <small>DATE</small> </div> </div>					
<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 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	S	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULFORD, GARY		NAME		
STREET ADDRESS	6025 BOSTON HWY		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, ALBERT JR		NAME		
STREET ADDRESS	889 BISHOP FARM ROAD		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO, FL 32345		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, JUNIOR		NAME		
STREET ADDRESS	704 NE YELLOW PINE AVE		STREET ADDRESS		
CITY-ST-ZIP	MADISON, FL 32340		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRICKLAND, CLARA		NAME	<b>Strickland Holman, Clara</b>	
STREET ADDRESS	DOYLE LANE		STREET ADDRESS		
CITY-ST-ZIP	STEINHATCHEE, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, NEAL		NAME		
STREET ADDRESS	1522 BOGGY BAY ROAD		STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE, FL 32331		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARPER, BOBBY		NAME		
STREET ADDRESS	430 SW OKALOO WAY		STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE, FL 32331		CITY-ST-ZIP		
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.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>1-10-08</b> <small>Date</small>		<b>850-973-2285</b> <small>Daytime Phone #</small>

# ATTACHMENT

# 40008411  
790361

2008 ANNUAL REPORT  
TRI-COUNTY ELECTRIC COOPERATIVE, INC.  
FEI NO. 59-0485704  
ATTACHMENT TO DOCUMENT #790361

## 11. (Cont'd)

D  
Sadler, Joseph E.  
6940 Beach Road  
Perry, Florida 32347

P  
Page, Malcolm V.  
3765 US 19 North  
Perry, Florida 32347

D  
Elmer Coker  
20630 Marina Road  
Perry, FL 32348