

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90278 001 \*\*\*122.50

**DOCUMENT # 790378**

1. Entity Name  
**WITHLACOOCHEE RIVER ELECTRIC COOPERATIVE INC**



Principal Place of Business  
**14651 21ST STREET  
DADE CITY, FL 33523 US**

Mailing Address  
**P.O. BOX 278  
DADE CITY, FL 33526 US**

**66003927**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-0545223**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BROWN, BILLY E  
14651 21ST STREET  
DADE CITY, FL 33525**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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  
**P  
OVERSTREET, C.M.  
13961 U.S. HIGHWAY 98 NORTH  
KATHLEEN, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Executive Vice President  
Billy E. Brown  
12952 Tradition Drive  
Dade City, FL 33525** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
HENNESBACH, ALAN F  
6122 BEAR TRAIL  
WEEKI WACHI, FL 34607** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Desmond G. Little  
9027 Pennant Court  
New Port Richey, FL 34654** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SCHRADER, TERRENCE E  
P.O. BOX 205  
SAN ANTONIO, FL 335760205** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Robert W. Strickland  
10175 S. Plymouth Terrace  
Homosassa, FL 34448** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HINES, JAMES E.  
29620 JOHNSTON RD.  
DADE CITY, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Leona B. Bechtelheimer  
18168 Parsons Road  
Brooksville, FL 34601** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HUNNICUTT JR, JACK N.  
13021 SOUTH OLD JONES RD.  
FLORAL CITY, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
MCBRIDE, CHARLES E  
19825 LEONARD RD.  
LUTZ, FL 33549** ☐ 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 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:

*Billy E. Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Billy E. Brown**

**2/28/07 (352) 567-5133**

Date

Daytime Phone #