


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90295 001 \*\*\*122.50

<b>DOCUMENT # 790378</b>	
1. Entity Name <b>WITHLACOOCHIEE RIVER ELECTRIC COOPERATIVE INC</b>	

Principal Place of Business <b>14651 21ST STREET DADE CITY, FL 33523 US</b>	Mailing Address <b>P.O. BOX 278 DADE CITY, FL 33526 US</b>
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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

02252008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-0545223</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BROWN, BILLY E 14651 21ST STREET DADE CITY, FL 33525</b>		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 \_\_\_\_\_

<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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OVERSTREET, C.M.</b>	NAME	
STREET ADDRESS	<b>13961 U.S. HIGHWAY 98 NORTH</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>KATHLEEN, FL</b>	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENHESBACH, ALAN F</b>	NAME	<b>HENGESBACH, ALAN F</b>
STREET ADDRESS	<b>6122 BEAR TRAIL</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WEEKI WACHI, FL 34607</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHRADER, TERRENCE E</b>	NAME	<b>BECHTELHEIMER, LEONA B</b>
STREET ADDRESS	<b>P.O. BOX 205</b>	STREET ADDRESS	<b>18168 PARSONS ROAD</b>
CITY-ST-ZIP	<b>SAN ANTONIO, FL 335760205</b>	CITY-ST-ZIP	<b>BROOKSVILLE, FL 34601</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HINES, JAMES E.</b>	NAME	<b>LITTLE, DESMOND G</b>
STREET ADDRESS	<b>29620 JOHNSTON RD.</b>	STREET ADDRESS	<b>9027 PENNANT COURT</b>
CITY-ST-ZIP	<b>DADE CITY, FL</b>	CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34654</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HUNNICUTT JR, JACK N.</b>	NAME	<b>LITTLE, PAUL R</b>
STREET ADDRESS	<b>13021 SOUTH OLD JONES RD.</b>	STREET ADDRESS	<b>9027 PENNANT COURT</b>
CITY-ST-ZIP	<b>FLORAL CITY, FL</b>	CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34654</b>
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCBRIDE, CHARLES E</b>	NAME	<b>STRICKLAND, ROBERT W</b>
STREET ADDRESS	<b>19825 LEONARD RD.</b>	STREET ADDRESS	<b>10175 SOUTH PLYMOUTH TERRACE</b>
CITY-ST-ZIP	<b>LUTZ, FL 33549</b>	CITY-ST-ZIP	<b>HOMOSASSA, FL 34448</b>

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4/29/08** (352) 567-5133 Daytime Phone #