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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # 790483

(2)

GLADES ELECTRIC COOPERATIVE, INC.

| Principal Place of Business Mailing Address | | | | | | | | A DEUR ANDRE ANDRE ANDRE | 91811 81811 81811 1881 | |
|-------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------|----------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------|--|
| P O BOX 519 MOORE HAVEN FL 33471 P O BOX 519 MOORE HAVEN FL 33471 | | | | | | | | | | |
| | | | | | | | 3. Date Incorporated or Qualified 01/29/1945 | 3a. Date of L 01/20 | ast Report 6/1995 | |
| 2. 21 | Principal Place | | 2a. Mailing Address 26 | | | | 4. FEI Number 59-0538145 | | Applied For Not Applicable | |
| 22 | Suite, Apt. #, | etc. | Suite, Apt. #, etc. 27 | | | | 5. Certificate of Status Desired | | .75 Additional ee Required | |
| 23 | City & State | & State City & State | | .te | | | Election Campaign Financing Trust Fund Contribution | | 5.00 May Be | |
| 1 | Zıp | Country | Zip | Country | , | | 8. This corporation has liability for i | | | |
| 24 | | 25 Name and Address of Curren | 25 29 30 ne and Address of Current Registered Agent | | | | Florida Statutes | | | |
| | | 9. Name and Address of Currer | it Hegisterea Agent | 81 | 10. Name and Address of New Registered Agent | | | | | |
| | HIGGINEO | THAM, J W | | 61 | Name | | | | | |
| | US HWY 2 | 82 | | | | | | | | |
| | MOORE H | 83 | 81. | 90 L | 15 HWY 27 EAST | | | | | |
| | moone n | WEIT I E 001/ 1 | | | | | | | | |
| | | | | 84 | City | Anom | E HAVEN | EJ 85 | Zip Code | |
| 11 | I. Pursuant to | he provisions of Sections 617.0502 | 2 and 617 1508. Florida Statutes, f | the above- | aamad aa | amaratia | n authorita this statement for the nur | PL Description | 53471 | |
| | or registered | agent, or both, in the State of Flori and accept the obligations of, Sect | iga. Such change was authorized r | by the corp | oration's | board of | f directors. I hereby accept the appo | pose of changing pintment as registe | ared agent. I am | |
| | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | I.W. HIGGINBOTHAM | GCHE | whi A | | CED | 1-18-96 | | |
| 51 | GNATURE | lature, typed or pyrisd name of registered agent | t and title if applicable. (NOTE F | GENE Registered Ager | nt signature n | required whe | on reinstating) | DATE DATE | 2 | |
| 1: | 2. | | ID DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFF | ICERS AND DIREC | CTORS IN 12 | |
| TIT | i | D DOE WALLACE | ☐ D€ LETE | 1.1 TITLE | | T | - 11 11 11 11 11 11 11 11 11 11 11 11 11 | ☐ Chan | nge 💢 Addition | |
| NA | | BIRGE, WALLACE | 1190 US 27 EAST | 1.2 NAME | | MORG | AN HENDERSON | | | |
| SI | TELL FIDE ILOO | OSCHWACENSON DHODINEE | 1190 US 27 EASI | 1.3 STREET | ADDRESS | 1190 | US HAY 27 EAST | | | |
| | - O. E. | MOORE HAVEN FL | | | | MOOR | E HAVEN, FL. 33471 | | | |
| TIT | | Drake, John | DELETE | 21 TITLE | | | | Chan | nge 🗀 Addition | |
| NA | , | XUSCHMANO27X88XVTEKXKMIXE 1190 US HWY 27 EAST | | 2.2 NAME | | 1 | | | | |
| | | MOORE HAVEN FL | 1190 03 HW1 27 EAST | 2.3 STREET ADDRESS | | | | | | |
| TiT | | P XRDELETE | | 2 4 CITY-ST-ZIP | | _ | <u> </u> | | | |
| NA. | | , Sykes x o n a richard kri | | 3.1 TITLE | | D | | Chan | nge 🔼 Addition | |
| | | | 1190 US 27 HWY EAST | 3.2 NAME 3.3 STREET | ADDDCCO | SHAN | INON HALL | | | |
| | | MOORE HAVEN FL | | 3.4. CITY- | | 1190 | US HWY 27 EAST | | | |
| TIT | | VP | [X] DELETE | 4.1 TITLE | 51-ZIP | _MOOR | E HAVEN, FL. 33471 | ☐ Chan | nge X Addition | |
| NA | | PERRYXYOMPO JOHN DRAF | | 4. 2 NAME | | - | ILEEN GARDEI | | So fee uponou | |
| STI | | OBJANA OBA GOODAA OPANICE | 1190 US HWY 27 EAST | 4.3 STREET | ADDRESS | | US HWY 27 EAST | | | |
| CIT | Y - \$T - ZIP | Moore haven fl | | 4.4 CITY - S | | | E HAVEN, FL. 33471 | | | |
| TIF | | AS | DELETE | 5.1 TITLE | | 1 1 1 1 | W. 121411, 111, 227/1 | ☐ Chan | nge 🔲 Addition | |
| NA | | THOMAS, HARVEY | | 5.2 NAME | | | | | | |
| ST | | US HWY 27 SOUTH, 1 MILE | | 5.3 STREET | ADDRESS | | | | | |
| | | MOORE HAVEN FL IX SECRETARY | | 5.4 CITY-S | T-ZIP | | 1000 | | | |
| TIT | | • | ☐ DELETÉ | 6.1 TITLE | | | | ☐ Chan | nge 🔲 Addition | |
| NAI - | - | COXE, JOHN | | 6.2 NAME | | | | | | |
| | l | US HWY 27 SOUTH, 1 MILE MOORE HAVEN FL | | 6.3 STREET | | | | | | |
| CIT | | | with thickfilling is unfuntarily form | 6.4 CITY - S | T-ZIP | nt6 . 4- | o avagantian et te di a A di a cons | 07/00// | | |
| | certify that th | e information indicated on this applied | ual report or supplemental annual r | report is tru | s not qua le and ac | curate a | ne exemption stated in Section 119.0 and that my signature shall have the s | ਹ7(ਤ)(k), Florida Sti same legal effect ≀ | atutes. I further as if made under | |
| | appears in B | ock 12 or Block 3 inchanged, or | rauph or ing receiver or trystee of an an attachment with an address. | npowered | to execut | te this rep | ne exemption stated in Section 119.6 nd that my signature shall have the s port as required by Chapter 617, Fic | rida Statutes; and | I that my name | |

1-18-96 941-946-0061 Date Dayline Phone #