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# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **790483** **(2)**

1. Corporation Name
**GLADES ELECTRIC COOPERATIVE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P O BOX 519<br>MOORE HAVEN FL 33471 | P O BOX 519<br>MOORE HAVEN FL 33471-0519 |

3. Date Incorporated or Qualified: 01/29/1945
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 59-0538145 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

HIGGINBOTHAM, J.W.
1190 U.S. HWY. 27 EAST
MOORE HAVEN FL 33471

**10. Name and Address of New Registered Agent**

81 Name: L. T. TODD, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 1190 U.S. HWY. 27 EAST
83
84 City: MOORE HAVEN **FL** 85 Zip Code: 33471

11. Pursuant to the provisions of Section 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ L. T. TODD, JR. 3-10-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>MORGAN HENDERSON<br>1190 U.S. HWY. 27 EAST<br>MOORE HAVEN FL | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | Trustee<br>JAMES AUL<br>1190 U.S. HWY 27 EAST<br>MOORE HAVEN, FL 33471 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D President<br>DRAKE, JOHN<br>US HWY 27 SOUTH, 1 MILE<br>MOORE HAVEN FL 33471 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | Trustee<br>WALLY BIRGE<br>1190 U.S. HWY 27 EAST<br>MOORE HAVEN, FL 33471 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D TRUSTEE<br>SHANNON HALL<br>1190 U.S. HWY 27 EAST<br>MOORE HAVEN FL 33471 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | TRUSTEE<br>IRENE LOFTON<br>1190 U.S. HWY 27 EAST<br>MOORE HAVEN, FL 33471 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KATHLEEN GARDEI<br>1190 U.S. HWY 27 EAST<br>MOORE HAVEN FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | TRUSTEE<br>LEE HENDERSON<br>1190 U.S. HWY 27 EAST<br>MOORE HAVEN, FL 33471 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AS<br>THOMAS, HARVEY<br>US HWY 27 SOUTH, 1 MILE<br>MOORE HAVEN FL | ☒ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | VICE PRESIDENT<br>RUSSELL HENDERSON<br>1190 U.S. HWY 27 EAST<br>MOORE HAVEN, FL 33471 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>COXE, JOHN<br>US HWY 27 SOUTH, 1 MILE<br>MOORE HAVEN FL | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ L. T. TODD, JR. 3-10-97 941-946-0061

CR2E037 (9/96)