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03-01-1999 90216 017 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 790483

1. Corporation Name

GLADES ELECTRIC COOPERATIVE, INC.

Principal Place of Business

P O BOX 519
MOORE HAVEN FL 33471

Mailing Address

P O BOX 519
MOORE HAVEN FL 33471



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/29/1945

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

9. Name and Address of Current Registered Agent

TODD, L.T. JR
1190 US HIGHWAY 27 E
MOORE HAVEN FL 33471

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

T
NAME **AUL, JAMES**
STREET ADDRESS **1190 US HWY 27 EAST**
CITY-ST-ZIP **MOORE HAVEN FL**

P
NAME **DRAKE, JOHN**
STREET ADDRESS **US HWY 27 SOUTH, 1 MILE**
CITY-ST-ZIP **MOORE HAVEN FL**

D
NAME **SHANNON HALL**
STREET ADDRESS **1190 U.S. HWY 27 EAST**
CITY-ST-ZIP **MOORE HAVEN FL**

D
NAME **KATHLEEN GARDEI**
STREET ADDRESS **1190 U.S. HWY 27 EAST**
CITY-ST-ZIP **MOORE HAVEN FL**

D
NAME **BIRGE, WALLY**
STREET ADDRESS **1190 US HWY 27 EAST**
CITY-ST-ZIP **MOORE HAVEN FL**

ST
NAME **COXE, JOHN**
STREET ADDRESS **US HWY 27 SOUTH, 1 MILE**
CITY-ST-ZIP **MOORE HAVEN FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **HENDERSON, LEE**
1.3 STREET ADDRESS **1190 US HWY 27 EAST**
1.4 CITY-ST-ZIP **MOORE HAVEN, FL 33471**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **HENDERSON, RUSSELL**
2.3 STREET ADDRESS **1190 US HWY 27 EAST**
2.4 CITY-ST-ZIP **MOORE HAVEN, FL 33471**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **LOFTON, IRENE**
3.3 STREET ADDRESS **1190 US HWY 27 EAST**
3.4 CITY-ST-ZIP **MOORE HAVEN, FL 33471**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

L. T. TODD, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-99

941-946-0061

Date

Daytime Phone #

CR2E037 (11/98)