

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790483

FILED
Apr 27, 2005
Secretary of State

Entity Name: GLADES ELECTRIC COOPERATIVE, INC.

Current Principal Place of Business:

1190 U.S. HIGHWAY 27 EAST
MOORE HAVEN, FL 33471 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 519
MOORE HAVEN, FL 33471

New Mailing Address:

FEI Number: 59-0538145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, ANDREW B ESQ
150 NORTH COMMERCE AVENUE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HENDERSON, RUSSELL
Address: 1190 US HWY 27 EAST
City-St-Zip: MOORE HAVEN, FL 33471

Title: D () Delete
Name: HENDERSON, LEE
Address: U.S. HIGHWAY 27 EAST
City-St-Zip: MOORE HAVEN, FL 33471

Title: VP () Delete
Name: HALL, SHANNON
Address: 1190 U.S. HIGHWAY 27 EAST
City-St-Zip: MOORE HAVEN, FL 33471

Title: D () Delete
Name: AUL, JAMES
Address: 1190 U.S. HIGHWAY 27 EAST
City-St-Zip: MOORE HAVEN, FL 33471

Title: D () Delete
Name: DRAKE, JOHN
Address: 1190 US HWY 27 EAST
City-St-Zip: MOORE HAVEN, FL 33471

Title: ST () Delete
Name: BIRGE, WALLACE
Address: US HWY 27 SOUTH, 1 MILE
City-St-Zip: MOORE HAVEN, FL 33471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUSSELL HENDERSON

P

04/27/2005

Electronic Signature of Signing Officer or Director

Date