2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 790483

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:	COXE, JOHN	
Address:	1190 US HWY 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:	ST	( ) Delete
Name:	BIRGE, WALLACE	
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:	GOODMAN, BARNEY	
Address:	1190 US HWY 27 EAST	
City-St-Zip:	MOORE HAVEN, FL 33471	
Title:	D	( ) Delete
Name:	HENDERSON, LEE	
Address:	1190 US HWY 27 EAST	
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 exemption stated 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 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: JOHN COXE P 04/15/2009

Electronic Signature of Signing Officer or Director — Date