

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 05, 2006**  
**Secretary of State**

DOCUMENT# 805261

**Entity Name:** THE OKEFENOKE RURAL ELECTRIC MEMBERSHIP CORPORATTION

**Current Principal Place of Business:**

HWY 82 E  
PO BOX 602  
NAHUNTA, GA 31553

**New Principal Place of Business:**

**Current Mailing Address:**

HWY 82 E  
PO BOX 602  
NAHUNTA, GA 31553

**New Mailing Address:**

**FEI Number:** 58-0373327      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

COMBS, ROBERT W.  
13563 N. COUNTY RD. 23A  
HWY 23A  
MACCLENNEY, FL 32063 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: VD ( ) Delete  
Name: SPORTS, BOBBY S  
Address: 146 DONEL ST  
City-St-Zip: BRUNSWICK, GA

Title: PD ( ) Delete  
Name: COMBS, ROBERT W  
Address: 13563 N. COUNTY RD. 23A  
City-St-Zip: MACCLENNEY, FL

Title: VD ( ) Delete  
Name: RAWL, STEVE E SR  
Address: 65 HONEY CREEK LANE  
City-St-Zip: WAVERLY, GA

Title: STD ( ) Delete  
Name: CONNER, JAMES L  
Address: 19484 KENNY CONNER RD.  
City-St-Zip: HILLIARD, FL

**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: D ( ) Delete  
Name: BELL, SIDNEY E  
Address: P.O. BOX 173 N/A  
City-St-Zip: ST GEORGE, GA

Title: D ( ) Delete  
Name: BRUMIT, J D  
Address: RT 1 BOX 733 NA  
City-St-Zip: HORTENSE, GA

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT W. COMBS

PD

01/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date