

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805261

FILED
Jan 08, 2008
Secretary of State

Entity Name: THE OKEFENOKE RURAL ELECTRIC MEMBERSHIP CORPORATTION

Current Principal Place of Business:

147 EAST CLEVELAND ST.
NAHUNTA, GA 31553

New Principal Place of Business:

Current Mailing Address:

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

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

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: STD (X) Change () Addition
Name: HAM, M ANTHONY
Address: PO BOX 342
City-St-Zip: NAHUNTA, GA 31553

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: ROBERT W. COMBS

PRES

01/08/2008

Electronic Signature of Signing Officer or Director

Date