2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005
Secretary of State

DOCUMENT# N00000004089

Entity Name: BLACK'S ISLAND ELECTRIC COOPERATIVE, INC.

Current Principal Place of Business:

301 MONUMENT AVE
PT ST JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

301 MONUMENT AVE
PT ST JOE, FL 32456

New Mailing Address:

PO BOX 945
PT ST JOE, FL 32457

FEI Number: 59-3634651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KORAN, WILLIAM D
301 MONUMENT AVE
PT ST JOE, FL 32456 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:	D	( ) Delete
Name:	KORAN, BILL	
Address:	404 CAPE PLANTATION	
City-St-Zip:	PT ST JOE, FL 32456	
Title:	D	( ) Delete
Name:	BUSH, JANNA	
Address:	404 CAPE PLANTATION	
City-St-Zip:	PT ST JOE, FL 32456	
Title:	D	( ) Delete
Name:	KUMARICKAL, PAUL	
Address:	505 GARRISON AVE	
City-St-Zip:	PT ST JOE, FL 32456	
Title:	D	( ) Delete
Name:	SAVAGE, GLENDA	
Address:	1471 E GULF BEACH DR	
City-St-Zip:	ST GEORGE, FL 32328	
Title:	D	( ) Delete
Name:	KORAN, FRANK	
Address:	2415 MURRAY AVE	
City-St-Zip:	TIFTON, GA 31794	

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:	

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: BILL KORAN D 09/06/2005
Electronic Signature of Signing Officer or Director — Date