

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000006326

FILED
Jun 16, 2003
Secretary of State

Entity Name: WAKULLA UTILITIES COOPERATIVE, INC.

Current Principal Place of Business:

52 MANATEE WAY
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

P O BOX 719
ST MARKS, FL 32355

New Mailing Address:

FEI Number: 59-3743128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROLEY, DOUGLAS M
2814 REMINGTON GREEN CIR.
TALLAHASSEE, FL 32308 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: GRAY, MAYS LEROY
Address: 52 MANATEE WAY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: MILNE, KIRK
Address: 26 MANATEE LN.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: MATTOX, DEEONN
Address: 2295 MOOTY BRIDGE RD.
City-St-Zip: LAGRANGE, GA 30240

Title: D () Delete
Name: CROLEY, DOUGLAS M
Address: 2953 ROYAL OAKS DR.
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: MCARTHUR, VICKI H
Address: 1104 TERRANCE ST.
City-St-Zip: TALLAHASSEE, FL 32303

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 (X) Change () Addition
Name: COFER, WALTER L
Address: 3232 BLACK GOLD TRAIL
City-St-Zip: TALLAHASSEE, FL 32309 US

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: DOUGLAS M CROLEY

D

06/16/2003

Electronic Signature of Signing Officer or Director

Date