## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000006010

FILED Mar 13, 2009 Secretary of State

Entity Na	me: CLAYELE	CTRIC C	OOPERATIVE SCH	IOLARSH	IIP TRUST, INC.		
Current Principal Place of Business:					New Principal Place of Business:		
	ALKER BLVD IE HEIGHTS, FI	32656					
Current Mailing Address:					New Mailing Address:		
PO BOX 3 KEYSTON	308 IE HEIGHTS, FI	32656					
FEI Number: 57-6205431 FEI Number Applied For ( )			per Applied For ( )	FEI Nur	mber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:		
5055 KLAF KEYSTON The above	IE HEIGHTS, FI	32656	US s statement for the p	purpose c	of changing its registe	red office or registered agent, or both,	
SIGNATU	RE:						
Electronic Signature of Registered Agent				ent		Date	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () SMITH, KELLEY 1526 HWY 17N BOSTWICK,, FL				Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () REEVES, SUSAI 12828 S HIGHW HAWTHORNE, F	'AY 301			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () MALPHURS, THO 17216 NW 262 A ALACHUA, FL 3	AVENUE			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: SANFORD M MAXWELL RΑ 03/13/2009