

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

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90253 028 \*\*\*\*61.25

**DOCUMENT # N97000001450**

1. Entity Name  
**CENTRAL FLORIDA ELECTRIC COOPERATIVE  
EDUCATIONAL CHARITY, INC.**



Principal Place of Business  
**107 E PARK AVE  
CHIEFLAND, FL 32626**

Mailing Address  
**107 E PARK AVE  
CHIEFLAND, FL 32626**

**00010043**



03132006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3512777**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BEAUCHAMP, GREGORY V  
107 E PARK AVE  
CHIEFLAND, FL 32626**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
CRAVEY, MATT  
P.O. BOX 1633 N/A  
CROSS CITY, FL 32628**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
KING, CHARLIE  
P.O. BOX 363 N/A  
CHIEFLAND, FL 32644**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
FAIRCLOTH, DAN JR  
P.O. BOX 1628 N/A  
CHIEFLAND, FL 32644**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
MCINNIS, KATHRYN  
P.O. BOX 74 N/A  
OLD TOWN, FL 32680**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BEASLEY, ELI  
P.O. BOX 383 N/A  
CHIEFLAND, FL 32644**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HUDSON, JOHN  
P.O. BOX 739  
CHIEFLAND, FL 32644**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/06**

Date

**352-493-2511**

Daytime Phone #

**ATTACHMENT** 50018823  
**Central Florida Electric Cooperative** N97000001450  
**Educational Charity, Inc.**  
Chiefland, Florida 32644

ATTACHMENT TO NUMBER 10:

Director  
Thelma McCain  
P.O. Box 4  
Cedar Key, Florida 32625

Director  
Ed Ricketson  
P.O. Box 489  
Chiefland, Florida 32644

Director  
Jenny Shuster  
P.O. Box 43  
Yankeetown, Florida 32698

Director  
Marilyn Thompson  
6800 N. US 129  
Bell, Florida 32619

Director  
Denny Voyles  
P.O. Box 1413  
Bronson, Florida 32621

Director  
Kyle Quincey  
P.O. Box 1546  
Chiefland, Florida 32644

Director  
Annie Sims  
P.O. Box 413  
Bronson, Florida 32621

Director  
Everett Tribble  
P.O. Box 713  
Chiefland, Florida 32644