

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90015 026 ****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**

DO NOT WRITE IN THIS SPACE



03192008 No Chg-NP

CR2E037 (4/06)

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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE D
NAME HUDSON, JOHN
STREET ADDRESS P.O. BOX 739
CITY-ST-ZIP 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: *Gregory V. Beauchamp*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/08

Date

(352) 493-1458

Daytime Phone #