### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 790483** 

Entity Name: GLADES ELECTRIC COOPERATIVE, INC.

Apr 30, 2024 Secretary of State 9018785315CC

**FILED** 

## **Current Principal Place of Business:**

26733 US HWY 27

MOORE HAVEN, FL 33471

### **Current Mailing Address:**

P O BOX 519

MOORE HAVEN. FL 33471

FEI Number: 59-0538145 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

KEIBER, MICHAEL L ESQ. 2557 US 27 SOUTH SEBRING, FL 33870 US

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: MICHAEL L. KEIBER 04/30/2024

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

Title P Title ST

Name COXE, JOHN Name HALL, SHANNON
Address 26733 US HWY 27 Address 26733 US HWY 27

City-State-Zip: MOORE HAVEN FL 33471 City-State-Zip: MOORE HAVEN FL 33471

Title D Title VP

NameGOODMAN, BARNEYNameHENDERSON, LEEAddress26733 US HWY 27Address26733 US HWY 27

City-State-Zip: MOORE HAVEN FL 33471 City-State-Zip: MOORE HAVEN FL 33471

Title DIRECTOR Title DIRECTOR

NameLUNDY, DONNIENameTAGTMEIER, FREDAddress26733 US HWY 27Address26733 US HWY 27

City-State-Zip: MOORE HAVEN FL 33471 City-State-Zip: MOORE HAVEN FL 33471

Title DIRECTOR Title DIRECTOR

Name HODGES, ANGELA Name PRESSLEY, MICHAEL
Address 26733 US HWY 27 Address 26733 US HWY 27

City-State-Zip: MOORE HAVEN FL 33471 City-State-Zip: MOORE HAVEN FL 33471

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I hereby 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 all other like empowered.

SIGNATURE: SHANNON HALL SECRETARY 04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name OXER, ROBERT

Address 26733 US HWY 27

City-State-Zip: MOORE HAVEN FL 33471