

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790556

**FILED
Mar 31, 2015
Secretary of State
CC8646749379**

Entity Name: SEMINOLE ELECTRIC COOPERATIVE, INC.

Current Principal Place of Business:

16313 N DALE MABRY HWY
TAMPA, FL 33618

Current Mailing Address:

P.O. BOX 272000
TAMPA, FL 33688 US

FEI Number: 59-1160409

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSON, LISA D
16313 NORTH DALE MABRY HIGHWAY
TAMPA, FL 33618 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name HART, WILLIAM
Address 11340 100TH STREET
City-State-Zip: LIVE OAK FL 32060

Title V
Name AUL, JAMES
Address 26733 US HWY 27 EAST
City-State-Zip: MOORE HAVEN FL 33471

Title ST
Name WEEKS, TONY
Address 11491 NW 50 AVENUE
City-State-Zip: CHIEFLAND FL 32626

Title AST
Name FULLER, JO ANN
Address 16313 N DALE MABRY HWY
City-State-Zip: TAMPA FL 33618

Title AST
Name NOVAK, TRUDY
Address 16313 N DALE MABRY HWY
City-State-Zip: TAMPA FL 33618

Title CEO
Name JOHNSON, LISA D
Address 16313 N. DALE MABRY HWY
City-State-Zip: TAMPA FL 33618

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: JO ANN FULLER

AST

03/31/2015

Electronic Signature of Signing Officer/Director Detail

Date