


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90025 030 ****61.25

DOCUMENT # 790556

1. Entity Name
SEMINOLE ELECTRIC COOPERATIVE, INC.



Principal Place of Business
**16313 N DALE MABRY HWY
 TAMPA, FL 33618 US**

Mailing Address
**P.O. BOX 272000
 TAMPA, FL 33688**

40059153



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03122008 Chg-NP CR2E037 (12/06)

City & State

Zip Country Zip Country

4. FEI Number
59-1160409

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WOODBURY, TIMOTHY S
 16313 NORTH DALE MABRY HIGHWAY
 TAMPA, FL 33618**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MULCAY, WILLIAM T., JR	
STREET ADDRESS	US HIGHWAY 17 NORTH	
CITY-ST-ZIP	WAUCHULA, FL 33873	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRAKE, JOHN	
STREET ADDRESS	1190 US HWY 27 EAST	
CITY-ST-ZIP	MOORE HAVEN, FL 33471	
TITLE	VM	<input checked="" type="checkbox"/> Delete
NAME	MIDULLA, RICHARD J	
STREET ADDRESS	16313 N DALE MABRY HWY	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GREEN, MAL	
STREET ADDRESS	1640 W JEFFERSON	
CITY-ST-ZIP	QUINCY, FL 32351	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEPPARD, WILSON	
STREET ADDRESS	293 SOUTH US 301	
CITY-ST-ZIP	SUMTERVILLE, FL 33585	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WOODBURY, TIMOTHY S	
STREET ADDRESS	16313 N DALE MABRY HWY	
CITY-ST-ZIP	TAMPA, FL 33618	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPPARD, WILSON	
STREET ADDRESS	330 SOUTH U S HWY 301	
CITY-ST-ZIP	SUMTERVILLE, FL 33585	
TITLE	VM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODBURY, TIMOTHY S	
STREET ADDRESS	16313 N DALE MABRY HWY	
CITY-ST-ZIP	TAMPA, FL 33618	

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:  **JOHN W. GEERAERTS** **03/18/08** **(813)963-0994**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40059195

SEMINOLE ELECTRIC COOPERATIVE, INC.
 16313 N. DALE MABRY HIGHWAY
 P. O. BOX 272000
 TAMPA, FLORIDA 33688-2000

DOCUMENT #790556

10. NAMES AND STREET ADDRESSES OF EACH OFFICER AND DIRECTOR (CONTINUED)

TITLE	NAMES OF OFFICERS AND DIRECTORS	STREET ADDRESS OF EACH OFFICER AND DIRECTOR	CITY, STATE, ZIP
AS/T	JOHN W. GEERAERTS	16313 N DALE MABRY HWY	TAMPA, FL 33618
AS/T	FLOYD J. WELBORN	16313 N DALE MABRY HWY	TAMPA, FL 33618
V/D	ROBERT STRICKLAND	14651 21ST STREET	DADE CITY, FL 33525
D	WILLIAM C. PHILLIPS	225 WEST WALKER DR	KEYSTONE HEIGHTS, FL 32656
D	FLOYD GNANN	225 WEST WALKER DR	KEYSTONE HEIGHTS, FL 32656
D	MIKE CAMPBELL	1124 NORTH YOUNG BLVD	CHIEFLAND, FL 32626
D	GEORGE STEPHENS	1124 NORTH YOUNG BLVD	CHIEFLAND, FL 32626
D	BILLY E. BROWN	14651 21st STREET	DADE CITY, FL 33525
D	JOHN HEWA	1640 W. JEFFERSON	QUINCY, FL 32351
D	DENNIE HAMILTON	4980 BAYLINE DRIVE	N. FORT MYERS, FL 33917
D	JAMES DOZIER	4980 BAYLINE DRIVE	N. FORT MYERS, FL 33917
D	GLEN DOUGLAS	U.S. HIGHWAY 17 NORTH	WAUCHULA, FL 33873
D	JOHN MARTZ	1725 SOUTH OHIO	LIVE OAK, FL 32060
D	BILL HART	1725 SOUTH OHIO	LIVE OAK, FL 32060
D	RONALD BASS	U.S. HIGHWAY 90 WEST	MADISON, FL 32341
S/T/D	MALCOLM PAGE	U.S. HIGHWAY 90 WEST	MADISON, FL 32341
D	JAMES P. DUNCAN	330 SOUTH U.S. HIGHWAY 301	SUMTERVILLE, FL 33585
D	L. TOMMY TODD	1190 U.S. HIGHWAY 27 EAST	MOORE HAVEN, FL 33471