



FLORIDA KEYS ELECTRIC COOPERATIVE ASSOCIATION, INC.  
P.O. Box 377 Tavernier, FL 33070  
(305) 852-2431 / (800) 858-8845

AFFIDAVIT FOR TRANSFER OF  
CAPITAL CREDIT ACCOUNT OF A CORPORATE MEMBER  
(DISSOLVED CORPORATIONS)

NAME OF CORPORATE MEMBER: \_\_\_\_\_  
Type or print full legal name

Capital Credit Account Number: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_  
\_\_\_\_\_, who is either personally known to me or who produced  
\_\_\_\_\_ as identification, and who deposes and says that the  
following statements are true and correct:

1. The Corporate Member listed above was either voluntarily or involuntarily dissolved  
on \_\_\_\_\_ for failure to file its annual report, or by the filing of Articles of  
Dissolution.

2. The officers at the time of dissolution were:  
President: \_\_\_\_\_  
Vice President: \_\_\_\_\_  
Secretary: \_\_\_\_\_  
Treasurer: \_\_\_\_\_

3. The stockholders of the corporation at the time of dissolution were:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned, who is one of the officers and/or one of the shareholders listed above, certifies that the assets of the corporation, including the above-listed capital credit account, were transferred to:

\_\_\_\_\_

\_\_\_\_\_  
(List the complete name and address of the person you wish to transfer this capital credit account to)

4. The undersigned does hereby agree to indemnify, defend, and hold harmless FKEC, its officers, directors, employees, agents, successors and assigns of and from any liability, loss or damage, including attorney's fees and court costs that FKEC may incur for acting in reliance on this Affidavit.

\_\_\_\_\_  
Affiant Signature

Type/Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (     ) \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

Notary Public, State of: \_\_\_\_\_

Print Name: \_\_\_\_\_

Commission Expiration Date: \_\_\_\_\_

Commission Number: \_\_\_\_\_