

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **703309** (5)

1. Corporation Name

THE FLORIDA NATURAL GAS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 490630
LEESBURG FL 34749

POST OFFICE BOX 490630
LEESBURG FL 34749

3. Date Incorporated or Qualified

12/09/1961

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **214 S. Monroe Street**

25 **P.O. BOX 11026**

4. FEI Number

59-2354981

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

22 City & State

27 City & State

23 **Tallahassee**

28 **FLA**

24 Zip

Country

29 Zip

Country

32302

Leon

32301

Leon

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROGERS, G. DAVID
214 N. MONROE STREET
TALLAHASSEE FL 32301

81 Name

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

600001908676

83

-07/30/96--01157--017

84 City

*****61.25**

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **WILLIAMS, J.A.**
STREET ADDRESS **501 W MEADOW STREET**
CITY-ST-ZIP **LEESBURG FL**

TITLE ☒ DELETE

NAME **SMITH, PATTI**
STREET ADDRESS **301 MAPLE AVE**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☒ DELETE

NAME **POUNTNEY, DANIEL R.**
STREET ADDRESS **1200 N 13TH STREET**
CITY-ST-ZIP **TAMPA FL**

TITLE ☒ DELETE

NAME **CAUTHEN, WILEY M.**
STREET ADDRESS **601 S. LAKE DESTINY DR.**
CITY-ST-ZIP **MAITLAND FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

NAME **PRESIDENT**
JAMES WILLIAMS
PO BOX 490630
501 W. Meadow St.
Leesburg, FL 34749-0630

21 TITLE ☒ Change ☐ Addition

NAME **VICE PRESIDENT**
Charles Stein
401 S. DIXIE HWY W. Palm Bch.
PO Box 3395
Florida 33402-3395

31 TITLE ☒ Change ☐ Addition

NAME **HARRY Zehender**
Second Vice President
4747-5 Nwb Hill Rd.
SUNRISE, FL. 33351

41 TITLE ☐ Change ☐ Addition

NAME **SECRETARY - TREASURER**
Linda Fitzgerald
601-450 Lake Destiny Rd
PO BOX 945100
Maitland FL 32794-5100

51 TITLE ☐ Change ☐ Addition

NAME **Donald E. Baigden**
Board of Director
1035 Atwood Dr.
Pensacola, FL 32514

61 TITLE ☐ Change ☐ Addition

NAME **Jan A. Brabson, Sr.**
Board of Director
11 Madison St.
PO Box 2502
Tampa, FL 33601

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

G. David Rogers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/96

904-681-0496

CR2E037 (3/96)