

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703309

FILED
Apr 15, 2009
Secretary of State

Entity Name: THE FLORIDA NATURAL GAS ASSOCIATION, INC.

Current Principal Place of Business:

214 S MONROE ST.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

PO BOX 11026
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-2354981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, G. DAVID
214 S. MONROE ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GEOFFROY, TOM
Address: P.O. BOX 960
City-St-Zip: WINTER HAVEN, FL 33882

Title: PD () Delete
Name: WARRINGTON, CHARLES S
Address: 400 N MYRTLE AVE
City-St-Zip: CLEARWATER, FL 33755

Title: STD () Delete
Name: STEIN, CHUCK
Address: PO BOX 3395
City-St-Zip: WEST PALM BEACH, FL 334023395

Title: VD () Delete
Name: DOWDEN, JAMES JR
Address: PO BOX 945100
City-St-Zip: MAITLAND, FL 32794

Title: VD () Delete
Name: SUAREZ, DON
Address: 1625 ATWOOD DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MD (X) Change () Addition
Name: ROGERS, G. DAVID
Address: 214 S. MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD () Change (X) Addition
Name: WARRINGTON, CHARLES
Address: 400 N MYRTLE AVE
City-St-Zip: CLEARWATER, FL 33755

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: G. DAVID ROGERS

MD

04/15/2009

Electronic Signature of Signing Officer or Director

Date