

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 07, 2003 8:00 am  
Secretary of State

02-07-2003 90107 024 \*\*\*\*61.25

**DOCUMENT # 703309**

1. Entity Name  
**THE FLORIDA NATURAL GAS ASSOCIATION, INC.**



Principal Place of Business: **214 S MONROE ST. TALLAHASSEE FL 32302**

Mailing Address: **PO BOX 11026 TALLAHASSEE FL 32301**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip / Country

3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country

4. FEI Number **59-2354981** Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

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

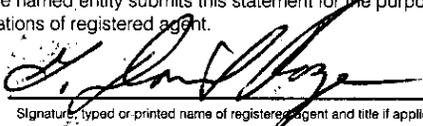
7. Name and Address of New Registered Agent

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)

DATE: **1/22/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

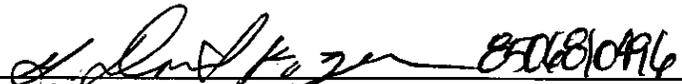
10. OFFICERS AND DIRECTORS

TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WILLIAMS, JIM</b>	
STREET ADDRESS	<b>P.O. BOX 960</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33882</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ZEHENDER, HARRY</b>	
STREET ADDRESS	<b>4747 NOB HILL ROAD, #5</b>	
CITY-ST-ZIP	<b>FT-LAUDERDALE FL 33351</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>WALL, RICHARD F</b>	
STREET ADDRESS	<b>955 EAST 25TH STREET</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>CHRISTMAS, BRUCE R</b>	
STREET ADDRESS	<b>702 N. FRANKLIN ST</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>WARRINGTON, CHARLES S</b>	
STREET ADDRESS	<b>400 N MYRTLE AVE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33755</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>STD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STEIN, CHUCK</b>	
STREET ADDRESS	<b>PO BOX 3395</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33402-3395</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **SIGNATURE REQUIRED**  **820810916**

CR2E037 (10/02)