

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004445

FILED
Apr 22, 2009
Secretary of State

Entity Name: FLORIDA NATURAL GAS-PAC, INC.

Current Principal Place of Business:

214 S MONROE STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

214 S MONROE STREET
TALLAHASSEE, FL 32301

New Mailing Address:

PO BOX 11026
TALLAHASSEE, FL 32302

FEI Number: 37-1529365

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 STREET
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: C () Delete
Name: CHRISTMAS, BRUCE
Address: PO BOX 2562
City-St-Zip: TAMPA, FL 33601

Title: CD () Delete
Name: GEOFFROY, TOM
Address: PO BOX 960
City-St-Zip: WINTER HAVEN, FL 33882

Title: C () Delete
Name: HALLMARK, TOMMY
Address: 3010 EUNICE AVE
City-St-Zip: ORLANDO, FL 32808

Title: T () Delete
Name: ROGERS, G DAVID
Address: PO BOX 11026
City-St-Zip: TALLAHASSEE, FL 32302

Title: C () Delete
Name: ABREU, SERGIO
Address: 60 NW 17TH STREET
City-St-Zip: MIAMI, FL 33136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: CD (X) Change () Addition
Name: CANTRELL, WILLIAM N
Address: 702 N. FRANKLIN STREET, PLAZA 7
City-St-Zip: TAMPA, FL 33602

Title: T/MD (X) Change () Addition
Name: ROGERS, G DAVID
Address: PO BOX 11026
City-St-Zip: TALLAHASSEE, FL 32302

Title: CD (X) Change () Addition
Name: SUTTON, JAY JR.
Address: 4180 SOUTH US 1
City-St-Zip: ROCKLEDGE, FL 32955

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

04/22/2009

Electronic Signature of Signing Officer or Director

Date