

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006916

FILED  
Apr 14, 2011  
Secretary of State

**Entity Name:** PROPANE EDUCATION FOUNDATION OF FLORIDA INC.

**Current Principal Place of Business:**

214 SOUTH MONROE STREET  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 11026  
TALLAHASSEE, FL 32302

**New Mailing Address:**

FEI Number: 27-1068646

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROGERS, G. DAVID  
214 SOUTH 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: P  
Name: HACKER, MACK  
Address: 4420 WOODVILLE HWY  
City-St-Zip: TALLAHASSEE, FL 32305

Title: V  
Name: SAMS, RANDY  
Address: 8222 S ORANGE AVE  
City-St-Zip: ORLANDO, FL 32809

Title: D  
Name: TATE, WILLIAM T  
Address: 5000 SAWGRASS VILLAGE CIRCLE SUITE 4  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TS  
Name: BAKER, KEN  
Address: 2960 STRICKLAND STREET  
City-St-Zip: JACKSONVILLE, FL 32254

Title: MD  
Name: ROGERS, G. DAVID  
Address: PO BOX 11026  
City-St-Zip: TALLAHASSEE, FL 32302

Title: D  
Name: HOWELL, HENRY  
Address: 755 BELLEAIR ROAD  
City-St-Zip: CLEARWATER, FL 33756

I hereby 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 all other like empowered.

SIGNATURE: G. DAVID ROGERS

MD

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date