

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N19329 (4)
1. Corporation Name
GULF POWER FOUNDATION, INC.



Principal Place of Business: **500 BAYFRONT PARKWAY PENSACOLA FL 32501**
Mailing Address: **500 BAYFRONT PARKWAY PENSACOLA FL 32501**

3. Date Incorporated or Qualified: **02/19/1987**
3a. Date of Last Report: **03/02/1995**
4. FEI Number: **59-2817740**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **27**
Zip: **23** Country: **24**
Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TATE, WARREN E.
500 BAYFRONT PARKWAY
PENSACOLA FL 32501**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **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	CD	<input type="checkbox"/> DELETE
NAME	FISHER, JR. FRANCIS M.	
STREET ADDRESS	500 BAYFRONT PARKWAY	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HODGES, JR. JOHN E.	
STREET ADDRESS	500 BAYFRONT PARKWAY	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TATE, WARREN E.	
STREET ADDRESS	500 BAYFRONT PARKWAY	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARSONS, EARL B., JR.	
STREET ADDRESS	500 BAYFRONT PARKWAY	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCARBROUGH, ARLAN E.	
STREET ADDRESS	500 BAYFRONT PARKWAY	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LABRATO, RONNIE R	
STREET ADDRESS	500 BAYFRONT PARKWAY	
CITY - ST - ZIP	PENSACOLA FL	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D HOLLAND, G. EDISON, JR.
4.3 STREET ADDRESS	500 BAYFRONT PARKWAY
4.4 CITY - ST - ZIP	PENSACOLA FL 32501
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:

/W. E. TATE

2-7-96

904-444-6206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)