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NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19329

1. Corporation Name

GULF POWER FOUNDATION, INC.

Principal Place of Business

500 BAYFRONT PARKWAY
PENSACOLA FL 32501

Mailing Address

ONE ENERGY PLACE
PENSACOLA FL 32520-0786
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/19/1987

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

9. Name and Address of Current Registered Agent

TATE, WARREN E.
500 BAYFRONT PARKWAY
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

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 DELETE

NAME FISHER, JR. FRANCIS M.
STREET ADDRESS 500 BAYFRONT PARKWAY
CITY-ST-ZIP PENSACOLA FL 32501

TITLE DELETE

NAME CT HODGES, JR. JOHN E.
STREET ADDRESS 500 BAYFRONT PARKWAY
CITY-ST-ZIP PENSACOLA FL 32501

TITLE DELETE

NAME TT TATE, WARREN E.
STREET ADDRESS 500 BAYFRONT PARKWAY
CITY-ST-ZIP PENSACOLA FL 32501

TITLE DELETE

NAME T MOORE, ROBERT G
STREET ADDRESS 500 BAYFRONT PARKWAY
CITY-ST-ZIP PENSACOLA FL 32501

TITLE DELETE

NAME T SCARBROUGH, ARLAN E.
STREET ADDRESS 500 BAYFRONT PARKWAY
CITY-ST-ZIP PENSACOLA FL 32501

TITLE DELETE

NAME ST LABRATO, RONNIE R
STREET ADDRESS 500 BAYFRONT PARKWAY
CITY-ST-ZIP PENSACOLA FL 32501

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Warren E. Tate
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-01-99

Date

850-444-6206

Daytime Phone #

CR2E037 (11/98)