


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90036 045 ****61.25

DOCUMENT # N19329

1. Entity 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**

24008636



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01292004 Chg-NP CR2E037 (10/03)

City & State

City & State

Zip Country Zip Country

4. FEI Number
59-2817740

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Ritenour, Susan D.

Street Address (P.O. Box Number is Not Acceptable)
500 Bayfront Parkway

City
Pensacola FL Zip Code 32501

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: *Susan D. Ritenour* **Susan D. Ritenour, Secretary/Treasurer** **2-4-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2004**

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 OFFICER	T FISHER, JR. FRANCIS M. 500 BAYFRONT PARKWAY PENSACOLA, FL 32501 <input type="checkbox"/> Delete
TITLE NAME	CT HODGES, JR. JOHN E. 500 BAYFRONT PARKWAY PENSACOLA, FL 32501 <input checked="" type="checkbox"/> Delete
TITLE NAME	TT TATE, WARREN E. 500 BAYFRONT PARKWAY PENSACOLA, FL 32501 <input checked="" type="checkbox"/> Delete
TITLE NAME	T USSERY, GENE L 500 BAYFRONT PARKWAY PENSACOLA, FL 32501 <input type="checkbox"/> Delete
TITLE NAME	ST LABRATO, RONNIE R 500 BAYFRONT PARKWAY PENSACOLA, FL 32501 <input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	C Jacob, P. Bernard 500 Bayfront Parkway Pensacola FL 32501 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	S/T Ritenour, Susan D. 500 Bayfront Parkway Pensacola FL 32501 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Susan D. Ritenour* **S. D. Ritenour** **2-4-04** **850-444-6231**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #