


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-NP CR2E037 (10/03)

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  
**RITENOUR, SUSAN D  
 500 BAYFRONT PARKWAY  
 PENSACOLA, FL 32501**

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	FISHER, JR. FRANCIS M.
STREET ADDRESS	500 BAYFRONT PARKWAY
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	C
NAME	BERNARD, JACOB P.
STREET ADDRESS	500 BAYFRONT PKWY.
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	ST
NAME	RITENOUR, SUSAN D
STREET ADDRESS	500 BAYFRONT PKWY
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	T
NAME	USSERY, GENE L
STREET ADDRESS	500 BAYFRONT PARKWAY
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	ST
NAME	LABRATO, RONNIE R
STREET ADDRESS	500 BAYFRONT PARKWAY
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

00000219131  
 02/08/05-80015-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** 2-4-2005 850-444-6231  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #