


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90194 018 ****61.25

DOCUMENT # N23975

1. Entity Name
FPL GROUP FOUNDATION, INC.



Principal Place of Business Mailing Address

**C/O D.P. COYLE
700 UNIVERSE BLVD.
JUNO BEACH FL 33408**

**C/O D.P. COYLE
700 UNIVERSE BLVD.
JUNO BEACH FL 33408**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0031452** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEON, J E
9250 W. FLAGLER STREET
MIAMI FL 33174**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25

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	DC	<input type="checkbox"/> Delete
NAME	LEWIS, HAY III	
STREET ADDRESS	700 UNIVERSE BLVD.	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	EVANSON, PAUL J.	
STREET ADDRESS	700 UNIVERSITY BLVD.	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	KELLEHER, L.J., III	
STREET ADDRESS	700 UNIVERSE BLVD.	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	COYLE, D.P.	
STREET ADDRESS	700 UNIVERSE BLVD.	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Dennis P. Coyle** Secretary 02/05/03 (561) 694-4644

CR2E037 (10/02)