

**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 # N35390 (6)**

1. Corporation Name

**FLORIDA ENERGY PIPELINE ASSOCIATION, INC.**



Principal Place of Business: **2337 KILKENNY EAST TALLAHASSEE FL 32308**  
Mailing Address: **2337 KILKENNY EAST TALLAHASSEE FL 32308**

3. Date Incorporated or Qualified: **11/28/1989**  
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2981910**  
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

9. Name and Address of Current Registered Agent: **JENSEN, CHRIS L. 2337 KILKENNY EAST TALLAHASSEE FL 32308**  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (applicable) (INCITE Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>DST</b>	NAME: <b>TIERNEY, THOMAS V.</b>	1.1 TITLE:	1.2 NAME: <b>DC Wiley Gauthier</b>
STREET ADDRESS: <b>3900 HAMILTON BLVD</b>	CITY-ST-ZIP: <b>ALLENTOWN PA</b>	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP: <b>601 S. Lake Destiny RR. Suite 450 Maitland, FL 32794-5100</b>
TITLE: <b>DC</b>	NAME: <b>SCHULTZ, DAVID R</b>	2.1 TITLE:	2.2 NAME: <b>DC David R Schultz</b>
STREET ADDRESS: <b>100 GATX DR</b>	CITY-ST-ZIP: <b>TAMPA FL</b>	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP: <b>100 GATX Drive Tampa, FL</b>
TITLE: <b>DC</b>	NAME: <b>COPPLE, RONALD B</b>	3.1 TITLE:	3.2 NAME: <b>DST Richard F. Culypca</b>
STREET ADDRESS: <b>1670 BROADWAY</b>	CITY-ST-ZIP: <b>DENVER CO</b>	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP: <b>3390 Peachtree Rd. N.E. Atlanta, GA 30326</b>
TITLE: <b>DED</b>	NAME: <b>JENSEN, CHRIS L</b>	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: <b>2337 KILKENNY E</b>	CITY-ST-ZIP: <b>TALLAHASSEE FL</b>	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE:	NAME:	5.1 TITLE:	5.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	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, unchanged, or in an attachment with an address.

SIGNATURE: *Chris L. Jensen* **Chris L. Jensen** 3/27/96 904/893-4919  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)