


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90003 014 ****61.25

DOCUMENT # N35390					
1. Entity Name FLORIDA ENERGY PIPELINE ASSOCIATION, INC.					
Principal Place of Business 2507 CALLAWAY RD STE 104 TALLAHASSEE, FL 32303			Mailing Address 9055 EAGLE'S RIDGE DRIVE TALLAHASSEE, FL 32312		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2981910	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILSON, ROBERT 9055 EAGLES RIDGE DR TALLAHASSEE, FL 32312				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 reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	WILSON, ROBERT	9055 EAGLES RIDGE DR.	TALLAHASSEE, FL 32312		
	STD	SIMMONS, WAYNE	2101 GATX DR		
		TAMPA, FL 33605			
	TEAL, MIKE	601 S LAKE DESTINY DR	MAITLAND, FL 32794		
	VCD	TAYLOR, AL	1905 INTERMODAL CIR STE 310		
		PALMETTO, FL 34221			
	WESTON, Thomas	2900 SE 14th Ave.	Ft. Lauderdale, FL 33316		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____		Robert W. Wilson		2-18-08 850-980-3008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	