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FILED

Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761899 (4)

1. Corporation Name

INTERSTATE RENEWABLE ENERGY COUNCIL, INC.

Principal Place of Business

Mailing Address

C/O VICKI MASTAITIS
PO BOX 1156
LATHAM NY 12110-1156
USC/O VICKI MASTAITIS
PO BOX 1156
LATHAM NY 12110-0079
US3. Date Incorporated or Qualified
02/10/19823a. Date of Last Report
04/08/19964. FEI Number
59-2201374Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLOCK, DAVID
300 STATE ROAD 401
CAPE CANAVERAL FL 32920

81 Name BLOCK, DAVID

82 Street Address (P.O. Box Number is Not Acceptable)
1679 CLEARLAKE ROAD

83

84 City COCOA

FL

85 Zip Code 32922

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	MASTAITIS, VICKI <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTAITIS, VICKI	1.2 NAME	PO Box 1156
STREET ADDRESS	PO BOX 1156	1.3 STREET ADDRESS	LATHAM, NY 12110 (N/A)
CITY-ST-ZIP	LATHAM NY	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	BERRY, CLINTON <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, CLINTON	2.2 NAME	
STREET ADDRESS	320 SIXTH AVE N, 6 FL	2.3 STREET ADDRESS	320 6th AVE N, 6 FL
CITY-ST-ZIP	NASHVILLE TN	2.4 CITY-ST-ZIP	NASHVILLE TN
TITLE	VCD <input type="checkbox"/> DELETE	3.1 TITLE	WARNER, DAVID <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNER, DAVID	3.2 NAME	
STREET ADDRESS	1617 COLE BLVD.	3.3 STREET ADDRESS	1617 COLE BLVD
CITY-ST-ZIP	GOLDEN CO	3.4 CITY-ST-ZIP	GOLDEN CO
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	DEANGELIS, MIKE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEANGELIS, MIKE	4.2 NAME	
STREET ADDRESS	1516 9TH ST	4.3 STREET ADDRESS	1516 9th ST
CITY-ST-ZIP	SACRAMENTO CA	4.4 CITY-ST-ZIP	SACRAMENTO, CA
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/97

518 459 2601

Date Daytime Phone # 0275582

CR2E037 (9/96)