

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703309

Entity Name: THE FLORIDA NATURAL GAS ASSOCIATION, INC.**Current Principal Place of Business:**201 S MONROE STREET
UNIT A
TALLAHASSEE, FL 32301**Current Mailing Address:**PO BOX 11026
TALLAHASSEE, FL 32302 US**FEI Number: 59-2354981****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CALHOUN, B. DALE
201 S. MONROE STREET
UNIT A
TALLAHASSEE, FL 32301 US*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.***SIGNATURE:** B. DALE CALHOUN

01/23/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, TREASURER
Name GEOFFROY, THOMAS A
Address 4619 NW 53RD AVENUE
City-State-Zip: GAINESVILLE FL 32653

Title DIRECTOR
Name CALHOUN, B. DALE
Address 201 S. MONROE STREET
UNIT A
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR, PRESIDENT
Name KING, GORDON
Address PO BOX 548
City-State-Zip: VALPARAISO FL 32580

Title DIRECTOR, FIRST VP
Name BERMUDEZ, CAROLYN
Address 4045 NW 9TH AVENUE
City-State-Zip: DORAL FL 33178

Title DIRECTOR, SECOND VP
Name TURNER, CHRIS
Address 817 W PEACHTREE STREET NW
STE 1000
City-State-Zip: ATLANTA GA 30308

Title DIRECTOR, SECRETARY
Name MAYFIELD, STEPHEN
Address 2602 JACKSON BLUFF ROAD
City-State-Zip: TALLAHASSEE FL 32304

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: B. DALE CALHOUN**DIRECTOR**

01/23/2020

Electronic Signature of Signing Officer/Director Detail

Date