

**2016 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**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

02/11/2016

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 HOUSEHOLDER, JEFF

Address 1750 S 14TH STREET

City-State-Zip: FERNANDINA BEACH FL 32034

Title DIRECTOR, VP

Name FLOYD, KANDI

Address 702 N FRANKLIN STREET  
PLAZA 6

City-State-Zip: TAMPA FL 33602

Title DIRECTOR, VP

Name TADROS, MEDHAT

Address 2602 JACKSON BLUFF ROAD

City-State-Zip: TALLAHASSEE FL 32304

Title DIRECTOR, SECRETARY

Name BERMUDEZ, CAROLYN

Address 955 E 25TH STREET

City-State-Zip: HIALEAH FL 33013

*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

02/11/2016

Electronic Signature of Signing Officer/Director Detail

Date