

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761899

**Entity Name:** INTERSTATE RENEWABLE ENERGY COUNCIL, INC.**Current Principal Place of Business:**125 WOLF ROAD, SUITE 207  
ALBANY, NY 12205**Current Mailing Address:**PO BOX 1156  
LATHAM, NY 12110 US**FEI Number:** 59-2201374**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCRP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            SHERWOOD, LARRY  
Address        2280 VINEYARD PLACE  
City-State-Zip: BOULDER CO 80304

Title            TREASURER  
Name            JURMAN, KEN  
Address        1100 BANK STREET  
City-State-Zip: RICHMOND VA 23219

Title            SECRETARY  
Name            GALLAGHER, BRIAN  
Address        2100 LEE HIGHWAY APT 221  
City-State-Zip: ARLINGTON VA 22201

Title            CHAIRMAN, DIRECTOR  
Name            SHIRLEY, LARRY  
Address        109 CIRCADIAN WAY  
City-State-Zip: CHAPEL HILL NC 27516

Title            DIRECTOR  
Name            PARKS, JACOB  
Address        716 WEST AVENUE  
City-State-Zip: AUSTIN TX 78701

Title            DIRECTOR  
Name            SANDOVAL, RONNY  
Address        1905 15TH STREET #7241  
City-State-Zip: BOULDER CO 80306

Title            DIRECTOR  
Name            AKIBA, LORRAINE  
Address        PO BOX 974  
City-State-Zip: HONOLULU HI 96808

Title            DIRECTOR  
Name            WONG, JETTA  
Address        568 62ND STREET  
City-State-Zip: OAKLAND CA 95609

**Continues on page 2**

*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:** LARRY SHERWOOD**DIRECTOR****04/08/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name REICHER, DAN  
Address 559 NATHAN ABBOTT WAY  
City-State-Zip: SANFORD CA 94305

Title DIRECTOR  
Name ALLEN, TRENTON  
Address 1875 K STREET, NW, 4TH FL  
City-State-Zip: WASHINGTON DC 20006

Title DIRECTOR  
Name ROPER, MARC  
Address 295 SKYRIDGE DRIVE  
City-State-Zip: AUBURN CA 95603

Title DIRECTOR  
Name SHAW, POLLY  
Address 1162 STANYAN STREET  
City-State-Zip: SAN FRANCISCO CA 94117