

**2023 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:**125 WOLF ROAD, SUITE 207  
ALBANY, NY 12205 US**FEI Number:** 59-2201374**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCRP SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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 DIRECTOR, CHAIRMAN  
Name SHAW, POLLY  
Address 1162 STANYAN STREET  
City-State-Zip: SAN FRANCISCO CA 94117

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

Title DIRECTOR  
Name SHIRLEY, LARRY  
Address 2272 LISA LANE  
City-State-Zip: PLEASANT HILL CA 94523

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

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

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

**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:** LAWRENCE S. SHERWOOD**PRESIDENT****04/13/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name HOSKINS, ANNE  
Address 595 MARKET STREET, 29TH FLOOR  
City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR  
Name STARRS, TOM  
Address 710 NW 14TH AVE  
City-State-Zip: PORTLAND OR 97209

Title DIRECTOR  
Name HATHERLY, AMANDA  
Address 1346A PACHECO ST,  
City-State-Zip: SANTA FE NM 87505

Title DIRECTOR  
Name WILSON, JOHN  
Address 2824 LATHAM DR.  
City-State-Zip: SACRAMENTO CA 95864

Title DIRECTOR  
Name DATTA, BONNIE  
Address 3165 LA MESA DR.  
City-State-Zip: SAN CARLOS CA 94070

Title DIRECTOR  
Name TAYLOR, DUB  
Address 1606 W 39 ½ STREET  
City-State-Zip: AUSTIN TX 78756