

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000006916

**Entity Name:** PROPANE EDUCATION FOUNDATION OF FLORIDA INC.

**Current Principal Place of Business:**

201 SOUTH MONROE STREET  
UNIT A  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

PO BOX 11026  
TALLAHASSEE, FL 32302

**FEI Number:** 27-1068646

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CALHOUN, B. DALE  
201 SOUTH 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HODGES, SAM  
Address        6991 15TH STREET EAST  
City-State-Zip: SARASOTA FL 34243

Title            VP  
Name            SAMS, RANDY  
Address        8222 S ORANGE AVE  
City-State-Zip: ORLANDO FL 32809

Title            DIRECTOR  
Name            CALHOUN, B. DALE  
Address        PO BOX 11026  
City-State-Zip: TALLAHASSEE FL 32302

Title            DIRECTOR  
Name            ROBERTSON, ROBBIE  
Address        414 WEST 9TH STREET  
City-State-Zip: SANFORD FL 32771

Title            DIRECTOR  
Name            JORDAN, BARRY  
Address        2950 NW 24TH STREET  
City-State-Zip: MIAMI FL 33142

Title            DIRECTOR  
Name            BAHR, KEVIN  
Address        4441 ALLEN ROAD  
City-State-Zip: ZEPHYRHILLS FL 33541

Title            DIRECTOR, SECRETARY  
Name            HACKER, JOHN  
Address        400 OLD DIXIE HIGHWAY  
City-State-Zip: JUPITER FL 33458

Title            DIRECTOR  
Name            HARRIS, JAMES  
Address        243 HORN CREEK WEST  
City-State-Zip: EDGEFIELD SC 29824

*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**

**02/27/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date