

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000006916

**FILED**  
**Apr 25, 2013**  
**Secretary of State**  
**CC1529248323**

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

**Current Principal Place of Business:**

214 SOUTH MONROE STREET  
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:**

ROGERS, G. DAVID  
214 SOUTH MONROE STREET  
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 P  
Name HACKER, MACK  
Address 4420 WOODVILLE HWY  
City-State-Zip: TALLAHASSEE FL 32305

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

Title D  
Name TATE, WILLIAM T  
Address 5000 SAWGRASS VILLAGE CIRCLE  
SUITE 4  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title TS  
Name BAKER, KEN  
Address 2960 STRICKLAND STREET  
City-State-Zip: JACKSONVILLE FL 32254

Title MD  
Name ROGERS, G. DAVID  
Address PO BOX 11026  
City-State-Zip: TALLAHASSEE FL 32302

Title D  
Name HOWELL, HENRY  
Address 755 BELLEAIR ROAD  
City-State-Zip: CLEARWATER FL 33756

*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: G. DAVID ROGERS**

**DIRECTOR**

**04/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date