

**2016 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            HACKER, MACK  
Address        4420 WOODVILLE HWY  
City-State-Zip: TALLAHASSEE FL 32305

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

Title            DIRECTOR  
Name            BAIN, J.D.  
Address        460 NW 27TH AVENUE  
City-State-Zip: Ocala FL 34475

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

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

Title            DIRECTOR  
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: B. DALE CALHOUN**

**DIRECTOR**

**02/11/2016**

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

\_\_\_\_\_  
Date