### **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13375

Entity Name: ASSOCIATED GAS DISTRIBUTORS OF FLORIDA, INC.

FILED Feb 12, 2021 Secretary of State 0675363098CC

# **Current Principal Place of Business:**

201 SOUTH MONROE STREET UNIT A

TALLAHASSEE, FL 32301

## **Current Mailing Address:**

PO BOX 11026

TALLAHASSEE, FL 32302 US

FEI Number: 59-2659587 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: B. DALE CALHOUN 02/12/2021

Electronic Signature of Registered Agent Date

### Officer/Director Detail:

Title **TREASURER** Title **PRESIDENT** BUSTOS, MIGUEL Name Name WEBBER, KEVIN 955 E 25TH STREET 208 WILDLIGHT AVE Address Address City-State-Zip: YULEE FL 32097 City-State-Zip: HIALEAH FL 33013

TitleFIRST VPTitleSECOND VPNameMELENDY, JERRYNameSHOAF, STUARTAddress3515 US HIGHWAY 27 SOURHAddressPO BOX 549

City-State-Zip: SEBRING FL 33870 City-State-Zip: PORT ST JOE FL 32457

TitleTHIRD VPTitleSECRETARYNameFLOYD, KANDINameHOWARD, KURTAddress702 N FRANKLIN STREET<br/>PLAZA 6Address4045 NW 97TH AVECity-State-Zip:DORAL FL 33178

City-State-Zip: TAMPA FL 33602

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.

**PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail