


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 703309 (5)
 1. Corporation Name
THE FLORIDA NATURAL GAS ASSOCIATION, INC.

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|---|---|
| Principal Place of Business 214 S MONROE ST. TALLAHASSEE FL 32302 | Mailing Address PO BOX 11026 TALLAHASSEE FL 32301 |
|---|---|

3. Date Incorporated or Qualified
12/09/1961

4. FEI Number
59-2354981

Applied For
 Not Applicable

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country |
|---|--|

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

ROGERS, G. DAVID
214 N. MONROE STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number Is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | P-PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, J.A. | 1.2 NAME | James A. Williams |
| STREET ADDRESS | 501 W MEADOW STREET | 1.3 STREET ADDRESS | 03446 Starfish Ave. |
| CITY-ST-ZIP | LEESBURG FL | 1.4 CITY-ST-ZIP | Fruitland Park, FL. 34731 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAIDEN, DONALD E | 2.2 NAME | Linda Fitzgerald |
| STREET ADDRESS | 1625 ATWOOD DR. | 2.3 STREET ADDRESS | 601 450 Lake Destiny Rd. |
| CITY-ST-ZIP | PENSACOLA FL 32514 | 2.4 CITY-ST-ZIP | Maitland, FL. 32794-5100 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BRABSON, JOHN A | 3.2 NAME | C.L. Stein |
| STREET ADDRESS | 111 MADISON ST. | 3.3 STREET ADDRESS | 401 South Dixie Highway |
| CITY-ST-ZIP | TAMPA FL 33601 | 3.4 CITY-ST-ZIP | West Palm Beach, FL. 33402 |
| TITLE | TS <input type="checkbox"/> DELETE | 4.1 TITLE | I-VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FITZGERRELL, LINDA | 4.2 NAME | Harry Zehender |
| STREET ADDRESS | 601 450 LAKE DESTINY RD. | 4.3 STREET ADDRESS | 4747 Ndb Hill Road #5 |
| CITY-ST-ZIP | MAITLAND FL 32794-5100 | 4.4 CITY-ST-ZIP | Fort Lauderdale, FL. 33351 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | 2-VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | Richard F. Wall |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 955 East 25th Street |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Hialeah, FL. 33013-3498 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE: *J. David Rogers* 2-12-98 850-681-0496

CP2E037 (10/97)