

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2004 8:00 am**  
**Secretary of State**

01-28-2004 90009 008 \*\*\*\*61.25

**DOCUMENT # 703309**

1. Entity Name  
 THE FLORIDA NATURAL GAS ASSOCIATION, INC.



Principal Place of Business  
 214 S MONROE ST.  
 TALLAHASSEE, FL 32302

Mailing Address  
 PO BOX 11026  
 TALLAHASSEE, FL 32301

**94005593**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
 59-2354981

Applied For  
 Not Applicable

Zip  
 32301

Country

Zip  
 32302

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE STD  Delete  
 NAME WILLIAMS, JIM  
 STREET ADDRESS P.O. BOX 960  
 CITY-ST-ZIP WINTER HAVEN, FL 33882

TITLE VD  Change  Addition  
 NAME Geoffroy, Tom  
 STREET ADDRESS PO Box 960  
 CITY-ST-ZIP Winter Haven, FL 33882-0960

TITLE D  Delete  
 NAME ZEHENDER, HARRY  
 STREET ADDRESS 4747 NOB HILL ROAD, #5  
 CITY-ST-ZIP FT LAUDERDALE, FL 33351

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE PD  Delete  
 NAME WALL, RICHARD F  
 STREET ADDRESS 955 EAST 25TH STREET  
 CITY-ST-ZIP HIALEAH, FL 33013

TITLE D  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD  Delete  
 NAME CHRISTMAS, BRUCE R  
 STREET ADDRESS 702 N. FRANKLIN ST  
 CITY-ST-ZIP TAMPA, FL 33602

TITLE PD  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD  Delete  
 NAME WARRINGTON, CHARLES S  
 STREET ADDRESS 400 N MYRTLE AVE  
 CITY-ST-ZIP CLEARWATER, FL 33755

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE STD  Delete  
 NAME STEIN, CHUCK  
 STREET ADDRESS PO BOX 3395  
 CITY-ST-ZIP WEST PALM BEACH, FL 334023395

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04

Date

850-681-0486

Daytime Phone #