



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 05, 2006 8:00 am**  
**Secretary of State**

09-05-2006 90022 008 \*\*\*\*61.25

DOCUMENT # 703309					
1. Entity Name THE FLORIDA NATURAL GAS ASSOCIATION, INC.					
Principal Place of Business 214 S MONROE ST. TALLAHASSEE, FL 32301		Mailing Address PO BOX 11026 TALLAHASSEE, FL 32302		<p style="text-align: center; font-size: 24pt;"><b>60038279</b></p> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08292006 Chg-NP CR2E037 (4/06)	
City & State		City & State		4. FEI Number 59-2354981	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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) 800 1/2 North Calhoun Street City Tallahassee FL Zip Code 32303	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GEOFFROY, TOM		NAME		
STREET ADDRESS	P.O. BOX 960		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33882		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHRISTMAS, BRUCE R		NAME		
STREET ADDRESS	702 N. FRANKLIN ST		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARRINGTON, CHARLES S		NAME		
STREET ADDRESS	400 N MYRTLE AVE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEIN, CHUCK		NAME		
STREET ADDRESS	PO BOX 3395		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 334023395		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Dowden, James Jr.	
STREET ADDRESS			STREET ADDRESS	PO Box 945100	
CITY-ST-ZIP			CITY-ST-ZIP	Maitland, Florida 32794-5100	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____			Date: 8/30/06 Daytime Phone #: 850 810496		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					