


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90029 045 ****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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04112008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2354981	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROGERS, G. DAVID 214 S. MONROE ST. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" 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 checked="" 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	PD	<input type="checkbox"/> Delete		TITLE		<input 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	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOWDEN, JAMES JR			NAME			
STREET ADDRESS	PO BOX 945100			STREET ADDRESS			
CITY-ST-ZIP	MAITLAND, FL 32794			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	Suarez, Don		
STREET ADDRESS				STREET ADDRESS	1625 Atwood Drive		
CITY-ST-ZIP				CITY-ST-ZIP	Pensacola, FL 32514		

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:  **4/15/08** **850-681-0496**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #