

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703309

FILED  
Apr 13, 2010  
Secretary of State

**Entity Name:** THE FLORIDA NATURAL GAS ASSOCIATION, INC.

**Current Principal Place of Business:**

214 S MONROE ST.  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 11026  
TALLAHASSEE, FL 32302

**New Mailing Address:**

FEI Number: 59-2354981

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROGERS, G. DAVID  
214 S. MONROE ST.  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GEOFFROY, TOM  
Address: P.O. BOX 960  
City-St-Zip: WINTER HAVEN, FL 33882

Title: MD  
Name: ROGERS, G. DAVID  
Address: 214 S. MONROE STREET  
City-St-Zip: TALLAHASSEE, FL 32301

Title: STD  
Name: STEIN, CHUCK  
Address: PO BOX 3395  
City-St-Zip: WEST PALM BEACH, FL 334023395

Title: PD  
Name: DOWDEN, JAMES JR  
Address: PO BOX 945100  
City-St-Zip: MAITLAND, FL 32794

Title: VD  
Name: SUAREZ, DON  
Address: 1625 ATWOOD DRIVE  
City-St-Zip: PENSACOLA, FL 32514

Title: VD  
Name: LOZANO, JOSE  
Address: PO BOX 548  
City-St-Zip: VALPARAISO, FL 32580

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.

SIGNATURE: G. DAVID ROGERS

MD

04/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date