

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90020 035 \*\*\*\*61.25

**DOCUMENT # 711112**

1. Entity Name

**TAMPA ELECTRIC EMPLOYEES BENEFIT ASSOCIATION, INC.**



Principal Place of Business

**1606 CASON WOOD COURT  
PLANT CITY FL 33563  
US**

Mailing Address

**P.O. BOX 5043  
PLANT CITY FL 33563  
US**



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

1st MOORE

CR2E037 (10/07)

4. FEI Number

**59-0475095**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, SCARLETT D  
5601 N 19TH ST  
ZEPHYRHILLS FL 33340**

7. Name and Address of New Registered Agent

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

*Geraldine F. Rappe*

(NOTE: Registered Agent signature is required when requesting)

DATE

**3-14-08**

**FILE NOW: FEE IS \$61.25  
Due By: May 1, 2008**

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

TITLE PD ☐ Delete  
NAME GILLESPIE, CHARLIE JR  
STREET ADDRESS 5906 EMPRESS LN  
CITY-ST-ZIP PALMETTO FL 34221

TITLE TD ☒ Delete  
NAME SMITH, SCARLETT D  
STREET ADDRESS 5901 N. 19TH ST  
CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE VD ☐ Delete  
NAME LANGLORD, LARRY  
STREET ADDRESS 1000 ROUX ST  
CITY-ST-ZIP PLANT CITY FL 33566

TITLE SD ☐ Delete  
NAME RAPPE, GERALDINE F  
STREET ADDRESS 13186 THONOTOSASSA ROAD  
CITY-ST-ZIP DOVER FL 33527

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE SD/TD ☒ Change ☐ Addition  
NAME Geraldine F. Rappe  
STREET ADDRESS 13186 Thonotosassa Rd  
CITY-ST-ZIP Dover, FL 33527

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

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 exemptions contained in Section 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:

*Geraldine F. Rappe* Geraldine F. Rappe

Print

**3-14-08**

Print

**813-390-4086**