2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# 711112

Entity Name: TAMPA ELECTRIC EMPLOYEES BENEFIT ASSOCIATION, INC.

Current Principal Place of Business:

1606 CASON WOOD COURT
PLANT CITY, FL 33563 US

New Principal Place of Business:

311 HALTON CIRCLE
SEFFNER, FL 33584 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-0475095 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAPPE, GERALDINE F
13186 THONOTOSASSA RD
DOVER, FL 33527 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 ( ) Delete
Name: GILLESPIE, CHARLIE JR
Address: 5906 EMPRESS LN
City-St-Zip: PALMETTO, FL 34221

Title: VD ( ) Delete
Name: LANGLORD, LARRY
Address: 1000 ROUX ST
City-St-Zip: PLANT CITY, FL 33566

Title: SD ( ) Delete
Name: RAPPE, GERALDINE F
Address: 13186 THONOTOSASSA ROAD
City-St-Zip: DOVER, FL 33527

Title: SDTD ( ) Delete
Name: RAPPE, GERALDINE
Address: 13186 THONOTOSASSA RD
City-St-Zip: DOVER, FL 33527

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: NORRIS, JAMES
Address: 1104 BALLINGER RD
City-St-Zip: LUTZ, FL 33548

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GEALDINE F RAPPE' SD 03/20/2009

Electronic Signature of Signing Officer or Director — Date