

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718367

FILED
Apr 15, 2009
Secretary of State

Entity Name: FLORIDA PROPANE GAS ASSOCIATION, INC.

Current Principal Place of Business:

214 S. MONROE ST
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 11026
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 59-0719074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, DAVID G
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 () Delete
Name: SAMS, RANDY
Address: PO BOX 593641
City-St-Zip: ORLANDO, FL 32859

Title: PD () Delete
Name: KRUTSINGER, STEVEN
Address: 4511 N 56TH STREET
City-St-Zip: TAMPA, FL 33610

Title: VD () Delete
Name: HOWELL, HENRY
Address: 5618 EAST POWHATAN AVE
City-St-Zip: TAMPA, FL 33610

Title: PD () Delete
Name: DUNCAN, MORRIS
Address: 1896 KEMP ROAD
City-St-Zip: HAVANA, FL 32333

Title: STD () Delete
Name: TATE, BILL
Address: 5000 SAWGRASS VILLAGE CIRCLE, STE 4
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: DAUS, JIM
Address: 5320 S. PINE AVENUE
City-St-Zip: OCALA, FL 34480

Title: PD (X) Change () Addition
Name: HOWELL, HENRY
Address: 5618 EAST POWHATAN AVE
City-St-Zip: TAMPA, FL 33610

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

Title: VD (X) Change () Addition
Name: TATE, BILL
Address: 5000 SAWGRASS VILLAGE CIRCLE, STE 4
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: G. DAVID ROGERS

MD

04/15/2009

Electronic Signature of Signing Officer or Director

Date