

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731236 (6)
1. Corporation Name
FLORIDA ELECTRIC POWER COORDINATING GROUP, INC.



Principal Place of Business Mailing Address
405 REO STREET, STE 100 TAMPA FL 33609-8004
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3. Date Incorporated or Qualified 11/14/1975
3a. Date of Last Report 03/31/1995
4. FEI Number 59-1488248 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
WILEY, JAMES K.
405 REO STREET, SUITE 100
TAMPA, FL 33609

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	FRANK, STEPHEN E	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	ASTD	<input type="checkbox"/> DELETE
NAME	WILEY, JAMES K.	
STREET ADDRESS	405 REO STREET, SUITE 100	
CITY-ST-ZIP	TAMPA FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	SHAW, DEAN G	
STREET ADDRESS	2100 NE 20TH AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BOWDEN, TRAVIS J	
STREET ADDRESS	500 BAYFRONT PARKWAY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Evanson, Paul J.
5.3 STREET ADDRESS	700 Universe Blvd.
5.4 CITY-ST-ZIP	Juno Beach FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James K. Wiley 03/07/96 (813) 289-5644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Date Phone #
James K. Wiley

CR2E037 (12/95)