## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

FILED								
Mar 27 1998 8:00am								
Secretary of State								

DOCU 1. Corporation	MENT # 73123	36 (6)							
FLORIDA ELECTRIC POWER COORDINATING GROUP, INC.									
Principal Plac	ce of Business	Mailing Address				- I INDICE CORRECTION STREET TOWN CLUSTO CENTS COUNTY	AMIN MAMIN MAMIN A	ALON DIRIN 1881	
405 REO STREET. STE 100 405 REO STREET. STE 100						3. Date Incorporated or Qualified	<u></u>		
TAMPA FL 336	09-8004	TAMPA FL 33609-8004				11/14/1975			
						4. FEI Number		Applied For	
2. Principal F	Place of Business	2a. Mailing Address				59-1488248		Not Applicable	
21 26						5. Certificate of Status Desired	* '	Additional Required	
Suite, Apt. #, etc.						6. Election Campaign Financing		May Be	
22		27				Trust Fund Contribution	Added	to Fees	
City & Stat	10	City & State				7. Is this nonprofit corporation a homeown	ers associati 🔯 No	ion?	
Zip	Country	Zip	Coun	try		8. This corporation owes or has paid the c		intangible	
24	25	29	30	_		Personal Property Tax due June 30.		□ No	
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Registered	l Agent		
	****		ľ	31 Na	ame				
	JAMES K.		1	32 St	eet Addre	ess (P.O. Box Number is Not Acceptable)			
	D STREET, SUITE 100 FL 33609		l <sub>e</sub>	33					
IDMI O	1 6 00000		_						
			1	34 Ci	•	F		p Code	
11. Pursuant	to the provisions of Sections 617.0	0502 and 617.1508, Florida State	utes, the abo	ove-na	med corp	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing	its registered	
agent. I a	registered agent, or both, in the sta am familiar with, and accept the dis	ate of Fiorioa. Such change was digations of, Section 617.0503, I	s authorized Florida Statu	tes.	corporati	ion's board or directors. I hereby accept the ap	pointment a	rs teðisteten	
SIGNATURE						70	0-48	<u> </u>	
12.		agent and tife if applicable. (NO AND DIRECTORS	OTE: Registered /	Agent sig	nature require	ed when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	7BS IN 12	
TITLE	VGD	DELETE	1.1 TITL	<u></u> E		ADDITIONO/ONANGES TO OFFICE NO.	Change		
NAME	EVANSON, PAUL J.		1.2 NAM				- •	<del>_</del>	
STREET ADDRESS	man a sa su minimum man a su m		1.3 STREET ADDRESS		tess				
CITY-ST-ZIP			1.4 CITY	-ST-ZIP					
TITLE	ASTD	☐ DELETE	2.1 T/TL				Change	Addition	
NAME	***************************************		2.2 NAM	_					
STREET ADDRESS	ss 405 REO STREET, SUITE 100		2.3 STREET ADDRESS 2. 4 CHY-ST-ZIP						
CITY-ST-ZIP TITLE	DC	☐ DELETE	3.1 TITL		-	·	Change	Addition	
NAME	BOWDEN, TRAVIS J		3.2 NAM	IE	1				
STREET ADDRESS	500 BAYFRONT PARKWAY		3.3 STRI	EET ADDF	IESS				
CITY-ST-ZIP	PENSACOLA FL		3.4. CIT	Y-ST-ZII	, ]				
TITLE	STD	☐ DELETE	4.1 TITU	4.1 TITLE			☐ Change	Addition	
NAME	HAVEN, ROBERT C			4. 2 NAME					
STREET ADDRESS	500 S ORANGE AVE ORLANDO FL			EET ADOR					
CITY-ST-ZIP TITLE	ONDANDO FL	DELETE	4.4 CITY 5.1 TITL	'-\$T-ZIP			Change	Addition	
NAME			5.2 NAM						
STREET ADDRESS				ET ADDR	ess				
CITY-ST-ZIP			5.4 CITY						
TITLE		DELETE	6.1 TITL				Change	Addition	
NAME			6.2 NAM	Ε	-				
STREET ADDRESS			6.3 STRE	ET ADDR	ESS				
CITY-ST-ZIP	1		6.4 CITY	- ST - ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

trachment with an address.

03/20798 (813) 200-5644