

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90240 022 ****61.25

DOCUMENT # 731236

1. Entity Name
FLORIDA ELECTRIC POWER COORDINATING GROUP,
INC.



Principal Place of Business
1408 N. WESTSHORE BLVD.
SUITE 1002
TAMPA, FL 33607

Mailing Address
1408 N. WESTSHORE BLVD.
SUITE 1002
TAMPA, FL 33607



04282008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1488248

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROGERS, SARAH
1408 N. WESTSHORE BLVD.
SUITE 1002
TAMPA, FL 33607

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DC
NAME DICKENSON, JIM
STREET ADDRESS 21 W. CHURCH STREET, 17 6TH FLOOR
CITY-ST-ZIP JACKSONVILLE, FL 322023105

TITLE VC
NAME LYASH, JEFF
STREET ADDRESS P.O. BOX 14042
CITY-ST-ZIP SAINT PETERSBURG, FL 33733

TITLE ST
NAME WOODBURY, TIM
STREET ADDRESS P.O. BOX 272000
CITY-ST-ZIP TAMPA, FL 33688

TITLE PCEO
NAME ROGERS, SARAH S
STREET ADDRESS 1408 N. WESTSHORE BLVD., STE. 1002
CITY-ST-ZIP TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08 8132885674
Date Daytime Phone #