
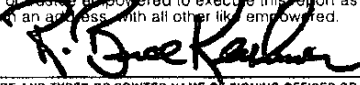


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2007 8:00 am
Secretary of State

06-06-2007 90002 041 ****61.25

DOCUMENT # 739311 1. Entity Name FLORIDA SOLAR ENERGY INDUSTRIES ASSOCIATION, INC.					
Principal Place of Business 231 WEST BAY AVENUE LONGWOOD, FL 32750-4125 US			Mailing Address 231 WEST BAY AVENUE LONGWOOD, FL 32750-4125 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05212007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2022792	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KERSHNER, R. BRUCE 213 WEST BAY AVENUE LONGWOOD, FL 32750-4125			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BESSETTE, DAVE		NAME		
STREET ADDRESS	1507 DAMON AVE		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34774		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIMAN, TOM		NAME		
STREET ADDRESS	140 JAMES STREET		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZRALLACK, ROBERT		NAME		
STREET ADDRESS	160 SMALLWOOD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 34982		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KETTLES, COLLEEN		NAME		
STREET ADDRESS	101 COVE LAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP		
TITLE	ED	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KERSHNER, R. BRUCE		NAME		
STREET ADDRESS	231 WEST BAY AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 327504125		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANIELS, DILLON		NAME		
STREET ADDRESS	10840 ENDEAVOUR WAY		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33777		CITY-ST-ZIP		
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 assignee 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: 			June 1, 2007 407/339-2010		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> R. Bruce Kershner, Exec. Dir.			<small>Date Daytime Phone #</small>		