SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $360)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 19 AM 10:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **748726** **(7)**

1. Corporation Name
FLORIDA POWER EMPLOYEES ASSOCIATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O P.A. BROWN 3201 34TH ST. S. ST. PETERSBURG FL 33711	C/O P.A. BROWN 3201 34TH ST. S. ST. PETERSBURG FL 33711

3. Date Incorporated or Qualified: 08/30/1979
3a. Date of Last Report: 03/23/1994
4. FEI Number: 59-0970195 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. *This corporation has liability for intangible tax under s. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

BROWN, PATRICIA A.
3201 34TH ST S
ST. PETERSBURG FL 33711

10. Name and Address of New Registered Agent

81 Name: James P. Fama
82 Street Address (P.O. Box Number is Not Acceptable): 3201 34th Street South
83:
84 City: St. Petersburg FL 85 Zip Code: 33711

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: James P. Fama — James P. Fama — July 14, 1995 (DATE)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	SPEARS, LYNDA	1.2 NAME	HERMAN, LARRY
STREET ADDRESS	2448 HIGHLANDS AVE	1.3 STREET ADDRESS	P.O. BOX 1947 NA
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	APOPKA FL
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	BREWSTER, DIANA	2.2 NAME	
STREET ADDRESS	312 MURCOTT DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	BREWSTER, DIANA	3.2 NAME	
STREET ADDRESS	312 MURCOTT DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HENDERSON, TERRY	4.2 NAME	
STREET ADDRESS	3741 SHADY GROVE CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	HERMAN, LARRY	5.2 NAME	SPEARS, LYNDA
STREET ADDRESS	P.O. BOX 1947 NA	5.3 STREET ADDRESS	2448 HIGHLANDS AVE
CITY-ST-ZIP	APOPKA FL	5.4 CITY-ST-ZIP	APOPKA FL
TITLE	V	6.1 TITLE	D ☒ Change ☐ Addition
NAME	JON, MCGUIRE	6.2 NAME	MCGUIRE, JON
STREET ADDRESS	435 FAYE STREET	6.3 STREET ADDRESS	435 FAYE STREET
CITY-ST-ZIP	APOPKA FL	6.4 CITY-ST-ZIP	APOPKA, FL

CR2E037 (3/95)

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)(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.

SIGNATURE: Diana Brewster — Diana Brewster — 6/20/95 (Date) — 359-4441 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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