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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748726 (7)

1. Corporation Name
FLORIDA POWER EMPLOYEES ASSOCIATION



Principal Place of Business C/O XXXXXX 3201 34TH ST. S. ST. PETERSBURG FL 33711 US	Mailing Address C/O XXXXXX 3201 34TH ST. S. ST. PETERSBURG FL 33711 US
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3. Date Incorporated or Qualified 08/30/1979	4. FEI Number 59-0970195	Applied For ☐ Yes ☒ Not Applicable
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2. Principal Place of Business 21 Diana L. Brewster Suite, Apt. #, etc. 22 3324 Holiday Ave. City & State 23 Apopka, FL Zip 24 32703	2a. Mailing Address 26 Diana L. Brewster Suite, Apt. #, etc. 27 3324 Holiday Ave. City & State 28 Apopka, FL Zip 29 32703	Country 25 US	Country 30 US
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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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

DIANA L. BREWSTER
3201 34TH ST S
ST PETE FL 33711

10. Name and Address of New Registered Agent

81 Name Diana L. Brewster
82 Street Address (P.O. Box Number is Not Acceptable) 3324 Holiday Ave.
83
84 City Apopka
85 Zip Code FL 32703

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 *Diana L. Brewster* **Diana L. Brewster (Treasurer)** 1/27/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE P	NAME HERMAN, LARRY	STREET ADDRESS 4505 SADLER RD.	CITY-ST-ZIP APOPKA FL	☐ DELETE
TITLE T	NAME BREWSTER, DIANA	STREET ADDRESS 312 MURCOTT DR.	CITY-ST-ZIP OVEDO FL	☐ DELETE
TITLE VPS	NAME GOLDRICK, MARY-LYNN	STREET ADDRESS 1151 BUCK POINT PASS	CITY-ST-ZIP APOPKA FL	☒ DELETE
TITLE D	NAME LEMANSKI, VONDA	STREET ADDRESS 6181 LINNEAL BEACH	CITY-ST-ZIP APOPKA FL	☐ DELETE
TITLE D	NAME SPEARS, LYNDIA	STREET ADDRESS 2448 HIGHLANDS AVE	CITY-ST-ZIP APOPKA FL	☒ DELETE
TITLE D	NAME SEABROOK, DANIEL W	STREET ADDRESS 551 HAVERLAKE CIR	CITY-ST-ZIP APOPKA FL	☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	JoAnna Legg
3.3 STREET ADDRESS	3324 Holiday Ave.
3.4 CITY-ST-ZIP	Apopka, FL 32703
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	Bruce Adams
5.3 STREET ADDRESS	3325 Holiday Ave.
5.4 CITY-ST-ZIP	Apopka, FL 32703
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	Carla Morrison
6.3 STREET ADDRESS	3324 Holiday Ave.
6.4 CITY-ST-ZIP	Apopka, FL 32703

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.

SIGNATURE: *Diana L. Brewster* **Diana L. Brewster** 1/27/98 (407)359-4441

CP2E037 (10/97)