

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 05, 2009**  
**Secretary of State**

DOCUMENT# 748726

**Entity Name:** FLORIDA POWER EMPLOYEES ASSOCIATION**Current Principal Place of Business:**FLORIDA POWER EMPLOYEES ASSOC  
3324 HOLIDAY AVE  
APOPKA, FL 32703 US**New Principal Place of Business:****Current Mailing Address:**FLORIDA POWER EMPLOYEES ASSOC  
3324 HOLIDAY AVE  
APOPKA, FL 32703 US**New Mailing Address:****FEI Number:** 59-0970195**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DEZONIA, AMY  
3324 HOLLIDAY AVE  
APOPKA, FL 32703 US**Name and Address of New Registered Agent:**STEVENS, DARREN  
3324 HOLLIDAY AVE  
APOPKA, FL 32703 US

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.

SIGNATURE: DARREN STEVENS

05/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: DEZONIA, AMY  
Address: 3300 EXCHANGE PL NP4A  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: HARPER, JEFFREY  
Address: 540 HAVER LAKE CIR  
City-St-Zip: APOPKA, FL 32712

Title: P (X) Delete  
Name: CLARK, JASON  
Address: 150 PROGRESS ENERGY WAY  
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: STEVENS, DARREN  
Address: 3300 EXCHANGE PL NP4A  
City-St-Zip: LAKE MARY, FL 32746

Title: P (X) Change ( ) Addition  
Name: HAYES, AL  
Address: 3324 HOLLIDAY AVE  
City-St-Zip: APOPKA, FL 32703

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARREN STEVENS

T

05/05/2009

Electronic Signature of Signing Officer or Director

Date