2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 29, 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:

FLORIDA POWER EMPLOYEES ASSOC
3324 HOLLIDAY AVE
APOPKA, FL 32703 US

FEI Number: 59-0970195 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STEVENS, DARREN
3324 HOLLIDAY AVE
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D ( ) Change (X) Addition
Name: STEVENS, TERRI L
Address: 3324 HOLLIDAY AVE
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Change (X) Addition
Name: WHITE, RODNEY E
Address: 3324 HOLLIDAY AVE
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Change (X) Addition
Name: HARRISON, THOMAS
Address: 3324 HOLLIDAY AVE
City-St-Zip: APOPKA, FL 32703

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 C STEVENS T 08/29/2009

Electronic Signature of Signing Officer or Director — Date