


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 751047 1. Entity Name RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES, INC.	
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Principal Place of Business ONE ENERGY PLACE PENSACOLA, FL 32520 US	Mailing Address 140 HOLLYWOOD BLVD SW FORT WALTON BEACH, FL 32548 US
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DO NOT WRITE IN THIS SPACE



03152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2065713	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRISSOM, R F 140 HOLLYWOOD BLVD SW FORT WALTON BEACH, FL 32548	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRISSOM, R.F. 140 HOLLYWOOD BLVD SW FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SIMS, SANDRA 4018 BOND CIRCLE NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACOB, PAUL B 1322 QUIET COVE CT GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANIEL, AMY 4304 GRAND POINT PLACE PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000673296
03/29/07-80023-018 61.25

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 trustee 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:  **3/15/07** **850-244-4761**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #