

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 751047**

1. Entity Name  
**RESPONSIBLE GOVERNMENT COMMITTEE OF GULF  
EMPLOYEES, INC.**



Principal Place of Business

**ONE ENERGY PLACE  
PENSACOLA, FL 32520 US**

Mailing Address

**140 HOLLYWOOD BLVD SW  
FORT WALTON BEACH, FL 32548 US**



02082008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2065713**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000876516  
04/11/08-80076-006 61.25

**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**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/26/08 850-244-4761**