

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90070 023 ****70.00

DOCUMENT # 853973

1. Entity Name
**ELECTRICAL GENERATING SYSTEMS ASSOCIATION,
INC.**



Principal Place of Business
**1650 S. DIXIE HWY.
5TH FLOOR
BOCA RATON, FL 33432 US**

Mailing Address
**1650 S. DIXIE HWY.
5TH FLOOR
BOCA RATON, FL 33432 US**

61000120



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03102004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2270591

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KELLOUGA, JALANE
1650 S DIXIE HWY
FTH FLOOR
BOCA RARTON, FL 33432**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **M** ☐ Delete
NAME **KELLOUGH, JALANE**
STREET ADDRESS **1650 S DIXIE HWY SUITE 500**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **VD** ☐ Change ☒ Addition
NAME **DALE SLEMP**
STREET ADDRESS **18856 E SARATOGA CIRCLE**
CITY-ST-ZIP **AURORA, CO 80015**

TITLE **D** ☒ Delete
NAME **GEARS, CHARLIE**
STREET ADDRESS **16504 DEZAVALA RD**
CITY-ST-ZIP **HOUSTON, TX 77503**

TITLE **STD** ☐ Change ☒ Addition
NAME **HAROLD MAWDSLEY**
STREET ADDRESS **3025 45TH ST**
CITY-ST-ZIP **MOLINE, IL 61265**

TITLE **D** ☒ Delete
NAME **KIDWELL, GARY**
STREET ADDRESS **2291 W MARCH LANE STE A200**
CITY-ST-ZIP **STOCKTON, CA 95207**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **STOYANAC, STEVE**
STREET ADDRESS **5110 E VULCAN CT**
CITY-ST-ZIP **MEAD, WA 99021**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **LEBLANC, LEON**
STREET ADDRESS **125 LIBBY LN.**
CITY-ST-ZIP **MOODY, ME 040540079**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **KACVINSKY, RAY**
STREET ADDRESS **100 E RANDOLPH ST**
CITY-ST-ZIP **WAUSAU, WI 54402**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 #