

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90160 005 ****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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2270591

Applied For
Not Applicable

Zip

Country

Zip

Country

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

KELLOUGH, JALANE Kellough, Jalane
1650 S DIXIE HWY
5TH FLOOR
BOCA RATON, 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, 2005

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD ☐ Change ☒ Addition
Warner Bauer
25 E Frisco St Suite 201
St Louis, MO 63119

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD ☐ Delete
MAWDSLEY, HAROLD
3025 45TH ST
MOLINE, IL 61265

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☒ Delete
LEBLANC, LEON
125 LIBBY LN.
MOODY, ME 040540079

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

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

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

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:

Jalane Kellough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05 561 750 5575
Date Daytime Phone #