

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90005 034 ****61.25

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06162004 Chg-NP CR2E037 (10/03)

DOCUMENT # N01000001583 1. Entity Name FLORIDA UTILITIES COORDINATING COMMITTEE, INC.					
Principal Place of Business 1619 EASTLAKE WAY WESTON, FL 33326			Mailing Address 1619 EASTLAKE WAY WESTON, FL 33326		
2. Principal Place of Business 5313 Johns RD		3. Mailing Address 5313 Johns RD		4. FEI Number 65-1111434 Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. #201		Suite, Apt. #, etc. #201			
City & State TAMPA FL		City & State TAMPA FL			
Zip 33634		Zip 33634			
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RITTER, CHERYL M 1619 EASTLAKE WAY WESTON, FL 33326 <i>Cheryl Ritter, Registered Agent</i>				7. Name and Address of New Registered Agent Name JANICE S. ASH Street Address (P.O. Box Number is Not Acceptable) 5313 Johns RD #201 City TAMPA FL Zip Code 33634	
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 <i>[Signature]</i> JANICE SANDS ASH, TREASURER 6-15-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VC GILMORE, ART 2501-25 STREET SAINT PETERSBURG, FL 33713	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN/DIRECTOR (CB) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GILMORE, ART 2501 25TH STREET ST. PETERS BURG, FL 33713	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WAHINGTON, LAWREE 702 N. FEANKUN ST. TAMPA, FL 33601	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIRMAN/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LAWREE WASHINGTON 702 N. FRANKLIN ST. TAMPA FL 33601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PUGH, JOHN R 3526 9TH ST. WEST BRADENTON, FL 34206	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHN MURPHY 618 EAST SOUTH ST. ORLANDO FL 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RITTER, CHERYL M 1619 EASTLAKE WAY WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JANICE SANDS ASH 5313 JOHNS RD #201 TAMPA FL 33634	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> JANICE SANDS ASH, PRES. 6-15-04 813-290-8899 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					