

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001583

FILED
May 26, 2005
Secretary of State

Entity Name: FLORIDA UTILITIES COORDINATING COMMITTEE, INC.

Current Principal Place of Business:

5313 JOHNS ROAD #201
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

5313 JOHNS ROAD #201
TAMPA, FL 33634

New Mailing Address:

FEI Number: 65-1111434 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ASH, JANICE S
5313 JOHNS ROAD #201
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

ASH, JANICE S
5313 JOHNS ROAD #201
TAMPA, FL 33634 US

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.

SIGNATURE: JANICE SANDS ASH

05/26/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: GILMORE, ART
Address: 2501- 25 STREET
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: VCD () Delete
Name: WAHINGTON, LAWREE
Address: 702 N. FEANKUN ST.
City-St-Zip: TAMPA, FL 33601

Title: SD () Delete
Name: MURPHY, JOHN
Address: 618 EAST SOUTH ST
City-St-Zip: ORLANDO, FL 32801

Title: TD (X) Delete
Name: RITTER, CHERYL M
Address: 1619 EASTLAKE WAY
City-St-Zip: WESTON, FL 33326

Title: TD () Delete
Name: SANDS ASH, JANICE
Address: 5313 JOHNS ROAD #201
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: WASHINGTON, LAWREE
Address: 702 N. FRANKLIN STREET
City-St-Zip: TAMPA, FL 33601

Title: VCD (X) Change () Addition
Name: MURPHY, JOHN
Address: 618 EAST SOUTH STREET
City-St-Zip: ORLANDO, FL 32801

Title: SD (X) Change () Addition
Name: WILEY, KIM
Address: 618 EAST SOUTH ST
City-St-Zip: ORLANDO, FL 32801

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE SANDS ASH

TD

05/26/2005

Electronic Signature of Signing Officer or Director

Date