

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90002 007 ****61.25

DOCUMENT # N01000003581

1. Entity Name
FLORIDA ENERGY EDUCATION FOUNDATION, INC.



Principal Place of Business
**C/O ALAN L. SMITH
358 NORTH POINT ROAD #502
OSPREY, FL 34229**

Mailing Address
**C/O ALAN L. SMITH
358 NORTH POINT ROAD #502
OSPREY, FL 34229**

54060794



07012004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1106695

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HECKER, SUSAN BARRETT
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236**

**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 September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, ALAN L
STREET ADDRESS	385 NORTH POINT RD 502
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	D
NAME	DUNAGAN, J. DAVID
STREET ADDRESS	75 SPRING ST SW SUITE 200
CITY-ST-ZIP	ATLANTA, GA 303033308
TITLE	D
NAME	NESTER, THOMAS L II
STREET ADDRESS	FL GAS TRANS. CO 601 SLAKE RD #400
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D
NAME	NORTON, SAVAMIE <i>Lance</i>
STREET ADDRESS	700 N FRANKLIN ST
CITY-ST-ZIP	TAMPA, FL 32584
TITLE	D
NAME	<i>McToke</i> WETAKE, GEORGE
STREET ADDRESS	2701 N ROCKY PL DR
CITY-ST-ZIP	TAMPA, FL 33602
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 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:

Alan L. Smith **Alan L. Smith** *7/1/04* *941 918-6390*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(10b)

Daytime Phone #