

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000003581

1. Entity Name
FLORIDA ENERGY EDUCATION FOUNDATION, INC.



Principal Place of Business
**C/O DAVE RANCOURT
7261 BEE RIDGE ROAD
SARASOTA, FL 34241**

Mailing Address
**C/O DAVE RANCOURT
7261 BEE RIDGE ROAD
SARASOTA, FL 34241**



07032006 No Chg-NP CR2E037 (4/06)

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

**COMPTON, JOHN M
1819 MAIN STREET
610
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]
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7-1-2006

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMPTON, JOHN M 1819 MAIN ST, SUITE 610 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RANCOURT, DAVE 7621 BEE RIDGE ROAD SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYMAN, ANDREW 7308 MAUNA LOA BOULEVARD SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAZEN, LAWRENCE K 810 OAK BRIAR LANE SARASOTA, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERACI, LAWRENCE 2790 MOSS OAK DRIVE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000568534
07/07/06-80013-003 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

[Signature] **Dave Rancourt** 7/1/06

Date

Daytime Phone #

941-378-4664