## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Apr 12, 2007 8:00 am Secretary of State DOCUMENT # N06000001918 04-12-2007 90033 018 \*\*\*\*70.00 FLORIDA RENEWABLE ENERGY ASSOCIATION, INC. Principal Place of Business Mailing Address 510 HERMITS TRAIL 510 HERMITS TRAIL ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32701 HS US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092007 Chg-NP CR2E037 (12/06) 4. FEI Number Applied For City & State City & State 20-4355115 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KETTLES, COLLEEN M Street Address (P.O. Box Number is Not Acceptable) 101 COVE LAKE DRIVE LONGWOOD, FL 32779 City 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 famillar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Florida Department of State Trust Fund Contribution. Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. D/P D ☐ Change **Addition** ПΩЕ Delete MILE Frank Leslie WILLIAMS, CRAIG NAME NAME 1017 Glenham Drive, NE 430 NORTH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 CITY-ST-7IP FL 3290 5 Addition ☐ Delete ☐ Change TITLE Mark Ward 2712 Sea Breeze Ct. KÉNDALL, SAM NAME STREET ADDRESS 510 HERMITS TRAIL STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701 CITY-ST-7IP ☐ Change **M** Addition ☐ Delete TITLE KETTLES, COLLEEN NAME NAME 101 COVE LAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32779 CITY-ST-ZIP D/**S** Addition ☐ Delete TITLE SZARO, JENNIFER NAME NAME STREET ADDRESS 1679 CLEARLAKE ROAD STREET ADDRESS CITY-ST-ZIP COCOA, FL 32922 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE BESSETTE, DAVID NAME NAME 1507 DAMON AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34774 CITY-ST-7/P ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

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 invitate under cath; 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.