2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# N08000010475

Entity Name: UTILITY SHAREHOLDERS ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

215 S MONROE STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

215 S MONROE STREET
SUITE 303
TALLAHASSEE, FL 32301

Current Mailing Address:

215 S MONROE STREET
TALLAHASSEE, FL 32301

New Mailing Address:

215 S MONROE STREET
SUITE 303
TALLAHASSEE, FL 32301

FEI Number: 26-3741448 **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:

CLARK, MANDY
215 S MONROE STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

CLARK, MANDY
215 S MONROE STREET
SUITE 303
TALLAHASSEE, FL 32301 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: MANDY CLARK 06/22/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LEVIN, SID
Address: 1022 CREEKFORD DR
City-St-Zip: WESTON, FL

Title: D ( ) Delete
Name: PETERSON, JAMES
Address: 1412 HARBOR POINT DR
City-St-Zip: PALM BEACH GARDENS, FL

Title: D ( ) Delete
Name: CLARK, MANDY
Address: 215 S MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LEVIN, SID
Address: 1022 CREEKFORD DR
City-St-Zip: WESTON, FL 33326

Title: D (X) Change ( ) Addition
Name: PETERSON, JAMES
Address: 1412 HARBOR POINT DR
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D (X) Change ( ) Addition
Name: CLARK, MANDY
Address: 215 S MONROE STREET, SUITE 303
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MANDY CLARK D 06/22/2009
Electronic Signature of Signing Officer or Director Date