


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N19329</b> 1. Entity Name GULF POWER FOUNDATION, INC.	
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Principal Place of Business 500 BAYFRONT PARKWAY PENSACOLA, FL 32501	Mailing Address ONE ENERGY PLACE PENSACOLA, FL 32520-0786 US
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01052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2817740	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

RITENOUR, SUSAN D  
500 BAYFRONT PARKWAY  
PENSACOLA, FL 32501

**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 May 1, 2005**

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	T FISHER, JR. FRANCIS M. 500 BAYFRONT PARKWAY PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BERNARD, JACOB P 500 BAYFRONT PKWY. PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RITENOUR, SUSAN D 500 BAYFRONT PKWY PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T USSERY, GENE L 500 BAYFRONT PARKWAY PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LABRATO, RONNIE R 500 BAYFRONT PARKWAY PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000219131  
02/08/05-80015-014 61.25

**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)(f), 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:**

*Susan D. Ritenour*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. D. Ritenour

2-4-2005

850-444-6231

Date

Daytime Phone #