


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90084 049 ****61.25

DOCUMENT # N19329							
1. Entity Name GULF POWER FOUNDATION, INC.							
Principal Place of Business 500 BAYFRONT PARKWAY PENSACOLA, FL 32501			Mailing Address ONE ENERGY PLACE PENSACOLA, FL 32520-0786 US				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
02132006 Chg-NP				CR2E037 (11/05)			
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			7. Name and Address of New Registered Agent				
RITENOUR, SUSAN D 500 BAYFRONT PARKWAY PENSACOLA, FL 32501			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	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 familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FISHER, JR. FRANCIS M.		NAME				
STREET ADDRESS	500 BAYFRONT PARKWAY		STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP				
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BERNARD, JACOB P		NAME				
STREET ADDRESS	500 BAYFRONT PKWY.		STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP				
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	RITENOUR, SUSAN D		NAME				
STREET ADDRESS	500 BAYFRONT PKWY		STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	USSERY, GENE L		NAME	Penny M. Manuel			
STREET ADDRESS	500 BAYFRONT PARKWAY		STREET ADDRESS	500 Bayfront Parkway			
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP	Pensacola FL 32501			
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LABRATO, RONNIE R		NAME				
STREET ADDRESS	500 BAYFRONT PARKWAY		STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: <i>Susan D Ritenour</i>		Susan D. Ritenour		2-14-06 850-444-6231			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>			

