

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N26760 (1)**
1. Corporation Name
FLORIDA MUNICIPAL ELECTRIC ASSOCIATION, INC.



Principal Place of Business: **417 EAST COLLEGE AVENUE TALLAHASSEE FL 32301**
Mailing Address: **417 EAST COLLEGE AVENUE TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified: **06/03/1988**
3a. Date of Last Report: **01/24/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-1267173	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**BRYANT, FREDERICK M.
306 EAST COLLEGE AVNEUE
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, JAMES C.	1.2 NAME	Welsh
STREET ADDRESS	1701 W. CARROLL ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURTZ, MICHAEL	2.2 NAME	
STREET ADDRESS	301 SE 4TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAILLES, KEVIN G	3.2 NAME	
STREET ADDRESS	CITY HALL	3.3 STREET ADDRESS	2602 Jackson Bluff Road
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tallahassee, FL 32304
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUANO, VICENTE R	4.2 NAME	
STREET ADDRESS	219 N MARKET ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BUSHNELL FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CATES, WILLIAM	5.2 NAME	Ted Biggs
STREET ADDRESS	1001 JAMES STREET	5.3 STREET ADDRESS	229 Walnut Street
CITY-ST-ZIP	KEY WEST FL	5.4 CITY-ST-ZIP	Green Cove Springs, FL 32043
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNOWLES, C.J.	6.2 NAME	Peter A. Korelich
STREET ADDRESS	504 WEST ORANGE	6.3 STREET ADDRESS	200 Canal Street
CITY-ST-ZIP	LEESBURG FL	6.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kevin G. Wailes* **Kevin G. Wailes** *1/25/96* **904/891-5531**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)