

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 06 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N26760 (1)**  
 1. Corporation Name  
**FLORIDA MUNICIPAL ELECTRIC ASSOCIATION, INC.**



Principal Place of Business <b>417 EAST COLLEGE AVENUE TALLAHASSEE FL 32301</b>	Mailing Address <b>417 EAST COLLEGE AVENUE TALLAHASSEE FL 32301-1523</b>
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3. Date Incorporated or Qualified <b>06/03/1988</b>	3a. Date of Last Report <b>01/29/1996</b>
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>59-1267173</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>WELSH, JAMES C</b>
STREET ADDRESS	<b>1701 W. CARROLL ST.</b>
CITY-ST-ZIP	<b>KISSIMMEE FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>KURTZ, MICHAEL</b>
STREET ADDRESS	<b>301 SE 4TH AVE</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>
TITLE	<b>TS</b> <input type="checkbox"/> DELETE
NAME	<b>WAILES, KEVIN G</b>
STREET ADDRESS	<b>2602 JACKSON BLUFF RD</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>RUANO, VICENTE R</b>
STREET ADDRESS	<b>219 N MARKET ST</b>
CITY-ST-ZIP	<b>BUSHNELL FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BIGGS, TED</b>
STREET ADDRESS	<b>229 WALNUT ST</b>
CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>KORELICH, PETER A</b>
STREET ADDRESS	<b>200 CANAL ST</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>ST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Sheldon R. Ferdman</b>
2.3 STREET ADDRESS	<b>21 W. Church St.</b>
2.4 CITY-ST-ZIP	<b>Jacksonville, FL 32202</b>
3.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Byron Knibbs</b>
5.3 STREET ADDRESS	<b>1300-9th St.</b>
5.4 CITY-ST-ZIP	<b>St. Cloud, FL 34769</b>
6.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Barry J. Moline**  **1/14/97** **904/224-3314**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0007266

CR2E037 (9/96)