70.00

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N27871

1. Entity Name
FLORIDA INDEPENDENT PETROLEUM PRODUCERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 230 PENSACOLA, FL 32591	P.O. BOX 230 PENSACOLA, FL 32591

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04032007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2921284

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SYLTE, THOMAS
220 W GARDEN ST
PENSACOLA, FL 32501

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SYLTE, THOMAS W
STREET ADDRESS	220 W. GARDEN ST., 605 SUNTRUST TOWER
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	DVPS
NAME	DUNCAN, ROBERT D JR.
STREET ADDRESS	2640 GOLDEN GATE PKWY., SUITE 106
CITY-ST-ZIP	NAPLES, FL
TITLE	DT
NAME	HODGES, GREG
STREET ADDRESS	700 S PALAFOX STREET STE 1-C
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	D
NAME	HUGHES, DUDLEY J
STREET ADDRESS	SECURITY CENTER S., STE. 800, 200 S. LAMAR
CITY-ST-ZIP	JACKSON, MI 39201
TITLE	D
NAME	STECHMANN, RICKEY
STREET ADDRESS	POB 3236
CITY-ST-ZIP	IMMOKALEE, FL 34143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Thomas W. Sylte Thomas W. Sylte 4-11-07 850-434-6830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #