FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004729 (0)

1. Corporation Name

CITIZENS COALITION FOR RESPONSIBLE POWER, INC.

Principal Place of Business	Mailing Address
2814 ORMANDY CT TAMPA FL 33618 US	PO BOX 340507 TAMPA FL 33694 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/11/1993	05/01/1994

4. FEI Number ~~APPLIED FOR~~ 59-3252813 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 ___ Suite, Apt #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address 26 ___ Suite, Apt #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ELGAR, RODGER A 2814 ORMANDY CT TAMPA FL 33618	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTSON, GREGORY M	1.2 NAME	
STREET ADDRESS	2811 ORMANDY CT	1.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	1.4 CITY ST ZIP	
TITLE	S	2.1 TITLE	☐ Change ☒ Addition D
NAME	ALLEGREE, DALE L	2.2 NAME	Melanie Sekora
STREET ADDRESS	16507 E COURSE DR	2.3 STREET ADDRESS	16302 East Course Dr
CITY ST ZIP	TAMPA FL	2.4 CITY ST ZIP	Tampa, FL 33624
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	ELGAR, RODGER A	3.2 NAME	
STREET ADDRESS	2814 ORMANDY CT	3.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	3.4 CITY ST ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	MCHALE, THOMAS W	4.2 NAME	Thomas W. McHale is now Secretary
STREET ADDRESS	15005 MAURINE COVE LN	4.3 STREET ADDRESS	
CITY ST ZIP	ODESSA FL	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MACKAY, KIMBERLY D	5.2 NAME	
STREET ADDRESS	6406 APPALOOSA DR	5.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	5.4 CITY ST ZIP	
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	WHITAKER, ROBERT	6.2 NAME	Robert Whitaker is no longer a director
STREET ADDRESS	15914 EAGLE RIVER WAY	6.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	6.4 CITY ST ZIP	

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: Rodger A. Elgar Rodger A Elgar 4/26/95 813-961-8926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068345