

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 # N94000003529 (4)

1. Corporation Name

THE FLORIDA COMPETITIVE ENERGY PRODUCERS ASSOCIATION, INC.



Principal Place of Business

315 S. CALHOUN ST., SUITE 716
TALLAHASSEE FL 32301

Mailing Address

315 S. CALHOUN ST., SUITE 716
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified
07/18/1994

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

21 **117 S. Gradsden St**
Suite, Apt. #, etc.

2a. Mailing Address

26 **117 S. Gradsden St**
Suite, Apt. #, etc.

4. FEI Number

59-3271777

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

City & State

23 **Tallahassee, FL**

Zip

24 **32301**

Country

25 **Leon**

City & State

28 **Tallahassee, FL**

Zip

29 **Leon**

Country

30 **Leon**

9. Name and Address of Current Registered Agent

**KAUFMAN, VICKI G
315 S. CALHOUN ST., SUITE 716
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

Vicki Kaufman

82 Street Address (P.O. Box Number is Not Acceptable)

117 S. Gradsden St

83

84 City

Tallahassee

FL

85 Zip Code

32301

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 **Vicki Gordon Kaufman**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

2/12/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD HUDDLESTON, BARRY**
STREET ADDRESS **2500 CITYWEST BLVD. SUITE 150**
CITY-STATE-ZIP **HOUSTON TX 77042**

TITLE ☐ DELETE

NAME **VD CANTER, PHIL**
STREET ADDRESS **116 S. MONROE ST.**
CITY-STATE-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ DELETE

NAME **STD YOTT, ROGER**
STREET ADDRESS **7201 HAMILTON BLVD.**
CITY-STATE-ZIP **ALLENTOWN PA 18195**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

☒ Change

☐ Addition

☐ Change

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☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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:

Barry N. Huddleston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/96
Date

713/705-4561
Daytime Phone #

CR2E037 (12/95)