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 # N95000005098 (7)

1. Corporation Name

COALITION FOR AFFORDABLE POWER, INC.

Principal Place of Business
609 WEST HORATIO STREET
TAMPA FL 33606

Mailing Address
609 WEST HORATIO STREET
TAMPA FL 33606

3. Date Incorporated or Qualified: 10/27/1995

3a. Date of Last Report:

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

4. FEI Number: 650615585 — Applied For / Not Applicable

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

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

City & State — 23:

City & State — 28:

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** 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 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCDEVITT, SHEILA M
702 NORTH FRANKLIN STREET
TAMPA FL 33602

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

12. OFFICERS AND DIRECTORS

TITLE	P/T/S	☐ DELETE
NAME	KEITH S. SURGENOR	
STREET ADDRESS	P.O. BOX 111, TAMPA, FL 33601-0111	
CITY-ST-ZIP		
TITLE	D	☐ DELETE
NAME	JOE RICHARDSON	
STREET ADDRESS	P.O. BOX 14092	
CITY-ST-ZIP	ST. PETERSBURG, FL 33733	
TITLE	D	☐ DELETE
NAME	PAUL EVANSON	
STREET ADDRESS	P.O. BOX 029100	
CITY-ST-ZIP	MIAMI, FL 33102-4999	
TITLE	D	☐ DELETE
NAME	TRAVIS BOWDEN	
STREET ADDRESS	P.O. BOX 1151	
CITY-ST-ZIP	PENSACOLA, FL 32520	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T/S	☐ Change ☑ Addition
1.2 NAME	Keith S. Surgenor	
1.3 STREET ADDRESS	P.O. Box 111 (no street address)	
1.4 CITY-ST-ZIP	Tampa, FL 33601-0111	
2.1 TITLE	D	☐ Change ☑ Addition
2.2 NAME	Joe Richardson	
2.3 STREET ADDRESS	P.O. Box 14092 (no street address)	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33733	
3.1 TITLE	D	☐ Change ☑ Addition
3.2 NAME	Paul Evanson	
3.3 STREET ADDRESS	P.O. Box 029100 (no street address)	
3.4 CITY-ST-ZIP	Miami, FL 33102-4999	
4.1 TITLE	D	☐ Change ☑ Addition
4.2 NAME	Travis Bowden	
4.3 STREET ADDRESS	P.O. Box 1151 (no street address)	
4.4 CITY-ST-ZIP	Pensacola, FL 32520	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	700001849967	
5.4 CITY-ST-ZIP	-06/04/96--01092--031	
6.1 TITLE	***61.25	☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

5/1/12

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: _____ 4-23-96 813-228-4315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)