


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90256 046 ****61.25

DOCUMENT # N98000000163
 1. Entity Name
 FLORIDA RELIABILITY COORDINATING COUNCIL, INC.



Principal Place of Business
 1408 N. WESTSHORE BLVD
 STE 1002
 TAMPA, FL 33607-4512

Mailing Address
 1408 N. WESTSHORE BLVD
 STE 1002
 TAMPA, FL 33607-4512

40077143



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04172007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
 59-3403555

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 WILEY, JAMES K
 1408 N. WESTSHORE BLVD
 STE 1002
 TAMPA, FL 33607

7. Name and Address of New Registered Agent
 Name: Sarah Rogers
 Street Address (P.O. Box Number is Not Acceptable): 1408 N. Westshore Blvd Ste 1002
 City: Tampa FL Zip Code: 33607

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: *[Signature]* DATE: 4/17/07

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	STD GIDDENS, JOHN L	<input type="checkbox"/> Delete
STREET ADDRESS	5300 CENTER DRIVE	
CITY-ST-ZIP	LAKE BUENA VISTA, FL 32830	
TITLE NAME	CD OLIVERA, ARMANDO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9250 W FLAGLER	
CITY-ST-ZIP	MIAMI, FL 33174	
TITLE NAME	ST WILEY, JAMES K	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1408 N. WESTSHORE BLVD, STE 1002	
CITY-ST-ZIP	TAMPA, FL 336074512	
TITLE NAME	VCD WAILES, KEVIN G	<input type="checkbox"/> Delete
STREET ADDRESS	2602 JACKSON BLUFF ROAD	
CITY-ST-ZIP	TALLAHASSEE, FL 323044498	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	ST Sarah Rogers	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1408 N. Westshore Blvd, Ste 1002	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE NAME	STD Chuck Black	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	PO Box 111	
CITY-ST-ZIP	Tampa, FL 33601	

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: *[Signature]* DATE: 4/17/07 DAYTIME PHONE: 813-207-7960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR