

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 JUN 19 PM 2: 39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |
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| <b>DOCUMENT # N98000000163</b><br>1. Entity Name<br>FLORIDA RELIABILITY COORDINATING COUNCIL, INC. |  |
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|   |   |
|---|---|
| Principal Place of Business<br>1408 N. WESTSHORE BLVD<br>STE 1002<br>TAMPA, FL 33607-4512 | Mailing Address<br>1408 N. WESTSHORE BLVD<br>STE 1002<br>TAMPA, FL 33607-4512 |
|---|---|



|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---|---|

06122007 Chg-NP CR2E037 (12/06)

|                                 |                                 |
|---------------------------------|---------------------------------|
| City & State<br><br>Zip Country | City & State<br><br>Zip Country |
|---------------------------------|---------------------------------|

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>59-3403555 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br>ROGERS, SARAH<br>1408 N. WESTSHORE BLVD<br>STE 1002<br>TAMPA, FL 33607 | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;">FL</span> Zip Code |
|---|--|

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

|                              |  |                                    |   |
|------------------------------|--|------------------------------------|---|
| <b>Amended AR is \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | Make check payable to Florida Department of State |
|------------------------------|--|------------------------------------|---|

| 10. OFFICERS AND DIRECTORS |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|----------------------------|--|---|---|
| TITLE                      | VCD<br>GIDDENS, JOHN L <input type="checkbox"/> Delete | TITLE   |   |
| NAME                       | 5300 CENTER DRIVE                                      | NAME  | 700104886367  |
| STREET ADDRESS             | LAKE BUENA VISTA, FL 32830                             | STREET ADDRESS  | 06/26/07--01046--006 **61.25                                      |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | CD <input type="checkbox"/> Delete                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WAILES, KEVIN G  | NAME  |   |
| STREET ADDRESS             | 2602 JACKSON BLUFF ROAD                                | STREET ADDRESS  |   |
| CITY-ST-ZIP                | TALLAHASSEE, FL 323044498                              | CITY-ST-ZIP   |   |
| TITLE                      | ST <input type="checkbox"/> Delete                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ROGERS, SARAH  | NAME  |   |
| STREET ADDRESS             | 1408 N. WESTSHORE BLVD, STE 1002                       | STREET ADDRESS  |   |
| CITY-ST-ZIP                | TAMPA, FL 33607  | CITY-ST-ZIP   |   |
| TITLE                      | STD <input type="checkbox"/> Delete                    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BLACK, CHUCK   | NAME  |   |
| STREET ADDRESS             | PO BOX 111   | STREET ADDRESS  |   |
| CITY-ST-ZIP                | TAMPA, FL 33601  | CITY-ST-ZIP   |   |
| TITLE                      | VP <input type="checkbox"/> Delete                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Linda Campbell   | NAME  |   |
| STREET ADDRESS             | 1408 N. Westshore Blvd Ste 1002                        | STREET ADDRESS  |   |
| CITY-ST-ZIP                | Tampa, FL 33607  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete                        | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |

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: *Linda Campbell* 6/12/07 813 289 5449  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #