


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90240 021 ****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
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DO NOT WRITE IN THIS SPACE



04282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3403555	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROGERS, SARAH
1408 N. WESTSHORE BLVD
STE 1002
TAMPA, FL 33607

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD GIDDENS, JOHN L 5300 CENTER DRIVE LAKE BUENA VISTA, FL 32830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WAILES, KEVIN G 2602 JACKSON BLUFF ROAD TALLAHASSEE, FL 323044498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROGERS, SARAH 1408 N. WESTSHORE BLVD, STE 1002 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BLACK, CHUCK PO BOX 111 TAMPA, FL 33601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMPBELL, LINDA 1408 N. WESTSHORE BLVD., SUITE 1002 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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]* 4/28/08 8132895644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #