

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000163

FILED
Apr 27, 2009
Secretary of State

Entity Name: FLORIDA RELIABILITY COORDINATING COUNCIL, INC.

Current Principal Place of Business:

1408 N. WESTSHORE BLVD
STE 1002
TAMPA, FL 336074512

New Principal Place of Business:

Current Mailing Address:

1408 N. WESTSHORE BLVD
STE 1002
TAMPA, FL 336074512

New Mailing Address:

FEI Number: 59-3403555 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VCD () Delete
Name: GIDDENS, JOHN L
Address: 5300 CENTER DRIVE
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: CD () Delete
Name: WAILES, KEVIN G
Address: 2602 JACKSON BLUFF ROAD
City-St-Zip: TALLAHASSEE, FL 323044498

Title: ST () Delete
Name: ROGERS, SARAH
Address: 1408 N. WESTSHORE BLVD, STE 1002
City-St-Zip: TAMPA, FL 33607

Title: STD () Delete
Name: BLACK, CHUCK
Address: PO BOX 111
City-St-Zip: TAMPA, FL 33601

Title: VP () Delete
Name: CAMPBELL, LINDA
Address: 1408 N. WESTSHORE BLVD., SUITE 1002
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: GIDDENS, JOHN L
Address: 5300 CENTER DRIVE
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: STD (X) Change () Addition
Name: BROWDER, JACK
Address: 2929 ALLEN PARKWAY, SUITE 200
City-St-Zip: HOUSTON, TX 77019

Title: PCEO (X) Change () Addition
Name: ROGERS, SARAH
Address: 1408 N. WESTSHORE BLVD, STE 1002
City-St-Zip: TAMPA, FL 33607

Title: VCD (X) Change () Addition
Name: BLACK, CHUCK
Address: PO BOX 111
City-St-Zip: TAMPA, FL 33601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH ROGERS

PCEO

04/27/2009

Electronic Signature of Signing Officer or Director

Date