

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001126

FILED
Jan 06, 2005
Secretary of State

Entity Name: NATIONAL ENERGY RATING FOUNDATION, INCORPORATED

Current Principal Place of Business:

101 COVE LAKE DRIVE
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

101 COVE LAKE DRIVE
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3559734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KETTLES, COLLEEN
101 COVE LAKE DRIVE
LONGWOOD, FL 32779 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: D () Delete
Name: STROER, DENNIS
Address: 230 DARTMOUTH ROAD
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: FAIREY, PHILLIP
Address: 1679 CLEARLAKE ROAD
City-St-Zip: COCOA, FL 32922

Title: D () Delete
Name: MOYER, NEIL
Address: 1679 CLEARLAKE ROAD
City-St-Zip: COCOA, FL 32922

Title: D () Delete
Name: GLENN, PATTI
Address: 3923 SW 180TH ST
City-St-Zip: NEWBERRY, FL 32669

Title: DV () Delete
Name: JONES, PIERCE
Address: 2601 SW 23 TERRACE BLDG 242
City-St-Zip: GAINESVILLE, FL 32611

Title: S/D () Delete
Name: KETTLES, COLLEEN
Address: 101 COVE LAKE DRIVE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: COLLEEN KETTLES

S/D

01/06/2005

Electronic Signature of Signing Officer or Director

Date