

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718367

Entity Name: FLORIDA PROPANE GAS ASSOCIATION, INC.**Current Principal Place of Business:**201 SOUTH MONROE STREET
UNIT A
TALLAHASSEE, FL 32301**Current Mailing Address:**POST OFFICE BOX 11026
TALLAHASSEE, FL 32302 US**FEI Number:** 59-0719074**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CALHOUN, B. DALE
201 SOUTH MONROE STREET
UNIT A
TALLAHASSEE, FL 32301 US*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:** B. DALE CALHOUN

02/13/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PAST PRESIDENT, DIRECTOR
Name BLAZINA, GREG
Address 450 S HWY 17-92
City-State-Zip: DEBARY FL 32713

Title SECRETARY/TREASURER, DIRECTOR
Name POWERS, BRIAN
Address PO BOX 8
City-State-Zip: INDIANTOWN FL 34956

Title DIRECTOR
Name CALHOUN, B. DALE
Address 201 SOUTH MONROE STREET
UNIT A
City-State-Zip: TALLAHASSEE FL 32301

Title VP, DIRECTOR
Name HODGES, SAM
Address 6991 15TH STREET EAST
City-State-Zip: SARASOTA FL 34243

Title PRESIDENT, DIRECTOR
Name FISHER, CRAIG
Address 4520 36TH STREET
City-State-Zip: ORLANDO FL 32811

Title SECOND VP, DIRECTOR
Name ROBERTSON, ROBBIE
Address 414 W 9TH STREET
City-State-Zip: SANFORD FL 32771

I hereby 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 all other like empowered.

SIGNATURE: B. DALE CALHOUN

EXECUTIVE DIRECTOR

02/13/2018

Electronic Signature of Signing Officer/Director Detail

Date