

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26760

**FILED**  
**Jan 21, 2015**  
**Secretary of State**  
**CC5984158048**

**Entity Name:** FLORIDA MUNICIPAL ELECTRIC ASSOCIATION, INC.

**Current Principal Place of Business:**

417 E. COLLEGE AVE.  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

PO BOX 10114  
TALLAHASSEE, FL 32302-2114 US

**FEI Number:** 59-1267173

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRYANT, FREDERICK M  
2061 DELTA WAY  
TALLAHASSEE, FL 32303 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name LINDSTROM, CLAYTON  
Address 1900 2ND AVE N  
City-State-Zip: LAKE WORTH FL 33461-4202

Title PE  
Name NEW, MIKE  
Address PO BOX 9  
City-State-Zip: ALACHUA FL 32616

Title ST  
Name MERRIAM, CHIP  
Address 6113 PERSHING AVE  
City-State-Zip: ORLANDO FL 32822

Title P  
Name PARA, P G  
Address 21 W CHURCH ST, T-16  
City-State-Zip: JACKSONVILLE FL 32202

Title PP  
Name LACERTE, ARTHUR J  
Address 1701 W CARROLL ST  
City-State-Zip: KISSIMMEE FL 34741

Title IPP  
Name QUINONES, BARBARA  
Address 675 N FLAGLER AVE  
City-State-Zip: HOMESTEAD FL 33030

*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:** P G PARA

**PRESIDENT**

**01/21/2015**

Electronic Signature of Signing Officer/Director Detail

Date