
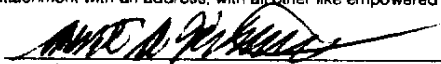


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90024 038 ****61.25

DOCUMENT # N01000008019 1. Entity Name REGIONAL COOPERATIVE ALLIANCE, INC.			
Principal Place of Business 9455 KOGER BLVD, STE 219 ST PETERSBURG, FL 33702		Mailing Address 9455 KOGER BLVD, STE 219 ST PETERSBURG, FL 33702	
2. Principal Place of Business 4000 GATEWAY CENTRE BLVD. Suite, Apt. #, etc. SUITE 100 City & State PINELLAS PARK, FL. Zip 33782		3. Mailing Address Suite, Apt. #, etc. SAME City & State PINELLAS PARK, FL. Zip 33782	
4. FEI Number 66-0033581		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PUMARIEGA, MANNY L EX.DIR. TAMPA BAY REGIONAL PLANNING COUNCIL 9455 KOGER BLVD, STE 219 ST PETERSBURG, FL 33702		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 4000 GATEWAY CENTRE BLVD. SUITE 100 City PINELLAS PARK FL Zip Code 33782	
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 _____ Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIS, WILHELMINA PO BOX 756 RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KERSTEEN, ROBERT 2821 61ST LANE N. SAINT PETERSBURG, FL 33710	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KYNES, DEBORAH PO BOX 1348 DUNEDIN, FL 34697	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLATT, JAN PO BOX 1110 TAMPA, FL 33601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHIKARPURI, SHAN 33820 US HWY 19 N. STE. 290 PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAYAC, KEITH 750 MAIN ST. SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			P STEVE SIMON 7530 LITTLE, SUITE 150 NEW PORT RICHEY, FL 34654
			V SAME VAN HATTMANN P.O. BOX 1000 BRADENTON, FL 34206
			D BARBARA SHAWN TODD 815 COURT ST. CLEARWATER, FL 34616
			D SCOTT BLACK 13951 9TH ST. DADA CITY, FL 33523
			D JILL COLLINS 3912 WALLCRAFT AVE. TAMPA, FL 33611
			D MARY MALOOF 10 PARADISE LANE TREASURE ISLAND, FL 33706
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		3/19/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	