
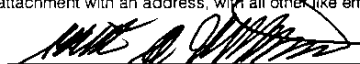


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90459 021 ****61.25

DOCUMENT # N01000008019					
1. Entity Name REGIONAL COOPERATIVE ALLIANCE, INC.					
Principal Place of Business 4000 GATEWAY CENTRE BLVD STE 100 PINELLAS PARK, FL 33782			Mailing Address 4000 GATEWAY CENTRE BLVD STE 100 PINELLAS PARK, FL 33782		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 66-0033581	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PUMARIEGA, MANNY L EX DIR. 4000 GATEWAY CENTRE BLVD STE 100 PINELLAS PARK, FL 33782				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SIMON, STEVE	NAME	SHARPE, MARK		
STREET ADDRESS	7530 LITTLE RD, SUITE 150	STREET ADDRESS	PO Box 1110		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	CITY-ST-ZIP	TAMPA, FL. 33601		
TITLE	DST <input type="checkbox"/> Delete	TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KERSTEEN, ROBERT	NAME	KERSTEEN, ROBERT		
STREET ADDRESS	2821 61ST LANE N.	STREET ADDRESS	2821 61ST LANE N.		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710	CITY-ST-ZIP	ST. PETERSBURG, FL. 33710		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KYNES, DEBORAH	NAME	TODD, BARBARA SHEEN		
STREET ADDRESS	PO BOX 1348	STREET ADDRESS	6107 100TH WAY NORTH		
CITY-ST-ZIP	DUNEDIN, FL 34697	CITY-ST-ZIP	ST. PETERSBURG, FL 33702		
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KERSTEEY, ROBERT	NAME	BLACK, SCOTT		
STREET ADDRESS	2821 61ST LANE N	STREET ADDRESS	13951 9TH ST.		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710	CITY-ST-ZIP	DADE CITY, FL. 33523		
TITLE	D <input type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLLINS, JILL	NAME	COLLINS, JILL		
STREET ADDRESS	2912 WALL CRAFT AVE.	STREET ADDRESS	2912 WALLCRAFT AVE		
CITY-ST-ZIP	TAMPA, FL 33611	CITY-ST-ZIP	TAMPA, FL. 33611		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORONI, JOHN	NAME	VON HAHMANN, JANE		
STREET ADDRESS	4000 GATEWAY CENTRE BLVD, STE. 100	STREET ADDRESS	P.O. Box 1000		
CITY-ST-ZIP	PINELLAS PARK, FL 33782	CITY-ST-ZIP	BRADENTON, FL 34206		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date: 4/10/06		Daytime Phone #: 727-570-5151	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT KERSTEEN, CHAIRMAN					

JUULJ000




01062006 Chg-NP CR2E037 (11/05)

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

*ITEM 11.
CONTINUATION
SHEET
50015606*

DOCUMENT # N01000008019					
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Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PUMARIEGA, MANNY L EX.DIR. 4000 GATEWAY CENTRE BLVD STE 100 PINELLAS PARK, FL 33782				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete		TITLE	D
NAME	SIMON, STEVE			NAME	WELCH, KEN
STREET ADDRESS	7530 LITTLE RD, SUITE 150			STREET ADDRESS	315 COURT ST.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654			CITY-ST-ZIP	CLEARWATER, FL. 34616
TITLE	DST	<input type="checkbox"/> Delete		TITLE	
NAME	KERSTEEN, ROBERT			NAME	
STREET ADDRESS	2821 61ST LANE N.			STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	KYNES, DEBORAH			NAME	
STREET ADDRESS	PO BOX 1348			STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN, FL 34697			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	
NAME	KERSTEEY, ROBERT			NAME	
STREET ADDRESS	2821 61ST LANE N			STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	COLLINS, JILL			NAME	
STREET ADDRESS	2912 WALL CRAFT AVE.			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33611			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	MORONI, JOHN			NAME	
STREET ADDRESS	4000 GATEWAY CENTRE BLVD, STE. 100			STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK, FL 33782			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	