2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0100008019 1. Entity Name REGIONAL COOPERATIVE ALLIANCE, INC.							04-2		00459 021		25
Principal Plac 4000 GATEW PINELLAS PA	IAY CENTRE	BLVD STE 100		ss Ay Centre Blvd RK, Fl 33782	STE 100		BYNDI DIN ODIDE NOSI		1111 1111 111111 300T3		11 10 10 100 !
2. Principal P	lace of Busin	ness	3. Mailing Addr	ess							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			0106	2006 Chg-h	NP	CR2E037	(11/05)	
City & State			City & State				Number -0033581				plied For at Applicable
Zip		Country	Zip	Cou	untry	5 . Cer	tificate of Status	Desired		3.75 Add e Require	
	6. Name	and Address of Current R	legistered Agent		Nome	7. Nar	ne and Address	of New Re	gistered Age	ent	
	EWAY CE	NY L EX.DIR. :NTRE BLVD STE 100 L 33782)		Name Street Add	Iress (P.O. Box	Number is Not a	Acceptable)			
					City	34 - 3 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	· · · · · · · · · · · · · · · · · · ·		FL	Zip Codi	e
	ions of regis	y submits this statement for lered agent. Or printed name of registered agent a				egistered agent		State of Flor	ida. I am fan	niliar with,	and accept
	orginatore, types		ку шке и адарживиле:	(NOTE: negalere	to Agent signature i	radolleo when relialist	nie ng j				
	Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
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10.	_		Tr		ion.	Added to		Florio	da Departm	ent of St	tate* ·
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by for simon, s	OFFICERS AND DIRI	Tr	Tust Fund Contribut 11. Delete IIIIL NAM STRE	E S S S S S S S S S S S S S S S S S S S	Added to	Fees NS/CHANGES T	Florio	da Departm S AND DIREC	ent of St	tate* ·
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ATTACHMENT

ITEM 11. CONTINUATION SHEET DOCMMENT # N01000008019 1. Entity Name REGIONAL COOPERATIVE ALLIANCE: INC. Principal Place of Business Mailing Address 4000 GATEWAY CENTRE BLVD STE 100 **4000 GATEWAY CENTRE BLVD STE 100** PINELLAS PARK, FL 33782 PINELLAS PARK, FL 33782 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 Chq-NP CR2E037 (11/05) City & State City & State 4. FEI Number Applied For 66-0033581 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PUMARIEGA, MANNY L EX.DIR. 4000 GATEWAY CENTRE BLVD STE 100 Street Address (P.O. Box Number is Not Acceptable) PINELLAS PARK, FL 33782 City Zip Code FL 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 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State: " Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 D TITLE ☐ Delete TITLE ☐ Change Addition WELCH, KEN NAME SIMON, STEVE NAME 3/5 COURT ST. STREET ADDRESS 7530 LITTLE RD, SUITE 150 STREET ADDRESS NEW PORT RICHEY, FL 34654 CITY-ST-ZIP CLEARWATER FL 34616 CITY-ST-ZIP DST TITLE ☐ Delete TITLE ☐ Change ☐ Addition KERSTEEN, ROBERT NAME NAME STREET ADDRESS 2821 61ST LANE N. STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33710 CITY-ST-ZIP D TITLE Delete TITLE ☐ Change ■ Addition KYNES, DEBORAH NAME NAME STREET ADDRESS PO BOX 1348 STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34697 CITY-ST-ZIP TITLE ☐ Delete ΠŒ ■ Addition ☐ Channe KERSTEEY, ROBERT STREET ADDRESS 2821 61ST LANE N STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33710 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition COLLINS, JILL NAME NAME STREET ADDRESS 2912 WALL CRAFT AVE. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33611 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MORONI, JOHN NAME NAME STREET ADDRESS 4000 GATEWAY CENTRE BLVD, STE, 100 STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

PINELLAS PARK, FL 33782

SIGNATURE:			
	SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytme Phone #