


FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90035 037 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02212008 Chg-NP CR2E037 (12/06)	
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, 2008		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	ST	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDEN, REV. JAMES		NAME	JACK MARIANO	
STREET ADDRESS	101 OLD MAIN ST		STREET ADDRESS	7530 LITTLE ROAD, SUITE 340	
CITY-ST-ZIP	BRADENTON, FL 34206		CITY-ST-ZIP	NEW PORT RICHEY, FL. 34654	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERSTEEN, ROBERT		NAME		
STREET ADDRESS	2821 61ST LN N		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE	CHAIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KYNES, DEBORAH		NAME		
STREET ADDRESS	PO BOX 1348		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN, FL 34697		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, SCOTT		NAME		
STREET ADDRESS	13951 9TH ST		STREET ADDRESS		
CITY-ST-ZIP	DADE CITY, FL 33523		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TODD, BARBARA S		NAME		
STREET ADDRESS	6107 100TH WAY NORTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VICE CHAIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VON HAHMANN, JANE		NAME	BILL DODSON	
STREET ADDRESS	POB 1000		STREET ADDRESS	1708 TURKEY CREEK ROAD	
CITY-ST-ZIP	BRADENTON, FL 34206		CITY-ST-ZIP	PLANT CITY, FL. 33566	
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: <i>Jack Mariano</i> JACK MARIANO, SECY/TREAS		3/10/08 (727) 570 5151			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Telephone Phone #	

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