2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# N01000003063

Entity Name: FLORIDA CPA POLITICAL ACTION COMMITTEE-NORTH, INC.

Current Principal Place of Business:

325 W. COLLEGE AVE.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

325 W. COLLEGE AVE.
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3714760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, KATHRYN B
325 W. COLLEGE AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STEVENS, BEN A III
Address: 1700 WEST LEONARD STREET
City-St-Zip: PENSACOLA, FL 325238770

Title: S/T ( ) Delete
Name: ANDERSON, KATHRYN B
Address: 325 W. COLLEGE AVE.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: WILKINSON, JOHN F JR
Address: 611 SOUTH MAGNOLIA AVENUE
City-St-Zip: TAMPA, FL 336062744 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: STEVENS, BEN A III
Address: 1700 WEST LEONARD STREET
City-St-Zip: PENSACOLA, FL 32523

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WILKINSON, JOHN F JR
Address: 611 SOUTH MAGNOLIA AVENUE
City-St-Zip: TAMPA, FL 33606 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHRYN ANDERSON D 04/20/2007

Electronic Signature of Signing Officer or Director — Date