


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90246 022 ****61.25

DOCUMENT # N02000000536

1. Entity Name
NPA ALLIANCE, INC.



Principal Place of Business: **32648 DARBY ROAD, DADE CITY FL 32525**

Mailing Address: **32648 DARBY ROAD, DADE CITY FL 32525**

2. Principal Place of Business: **18403 Turning Pt Dr**

3. Mailing Address: **18403 Turning Point Dr**

Suite, Apt. #, etc.

City & State: **Lutz FL**

City & State: **Lutz FL**

Zip: **33549** Country: **Hills**

Zip: **33549** Country: **Hills**



4. FEI Number: **NO-T APPLICABLE**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KOTUN KOORN, DAVID
3601 LITHIA RIDGE BOULEVARD
VALRICO FL 33594

7. Name and Address of New Registered Agent

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: *[Signature]* DATE: **6/1/04**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: D	<input type="checkbox"/> Delete
NAME: MOORMAN, ELAINE E	
STREET ADDRESS: 32648 DARBY ROAD	
CITY-ST-ZIP: DADE CITY FL 32520	
TITLE: D	<input type="checkbox"/> Delete
NAME: CALDWELL, PATRICIA	
STREET ADDRESS: 11325 GLENMONT DRIVE	
CITY-ST-ZIP: TAMPA FL 33635	
TITLE: D	<input type="checkbox"/> Delete
NAME: CANARIS, LOIS	
STREET ADDRESS: 29327 CADDYSHACK LANE	
CITY-ST-ZIP: SAN ANTONIO FL 33756	
TITLE: D	<input checked="" type="checkbox"/> Delete
NAME: CLEMENT, ESTRELLA	
STREET ADDRESS: 11301 TRALEE DRIVE	
CITY-ST-ZIP: RIVERVIEW FL 33569	
TITLE: D	<input type="checkbox"/> Delete
NAME: COE, JOANNE B	
STREET ADDRESS: 10416 GLEN WILLIOW LANE	
CITY-ST-ZIP: TAMPA FL 33647	
TITLE: D	<input type="checkbox"/> Delete
NAME: COMPAGNONE, AGNES	
STREET ADDRESS: 8512 KINGS RAIL WAY	
CITY-ST-ZIP: TAMPA FL 33647	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Lynnette Parrish	
STREET ADDRESS: 18403 Turning Point Drive	
CITY-ST-ZIP: Lutz FL 33549	
TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: LINDA HUBSMAN	
STREET ADDRESS: 9251 DAYFLOWER DR	
CITY-ST-ZIP: Tampa, FL 33647	
TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: EDWARD KUZIEL	
STREET ADDRESS: 516 CRYSTAL GROVE BLVD	
CITY-ST-ZIP: Lutz FL 33548	
TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: R. Keith Bailey	
STREET ADDRESS: 2944 Sunset Point Road	
CITY-ST-ZIP: Clearwater FL 33759	
TITLE: D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

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: *[Signature]* **Lynnette Parrish 4/6/04 813-890-6326**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____