

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000536

FILED
Mar 07, 2005
Secretary of State

Entity Name: NPA ALLIANCE, INC.

Current Principal Place of Business:

18403 TURNING POINT PT DR
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

18403 TURNING POINT PT DR
LUTZ, FL 33549

New Mailing Address:

FEI Number: 04-3589039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOORN, DAVID
3601 LITHIA RIDGE BOULEVARD
VALRICO, FL 33594 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: D () Delete
Name: MOORMAN, ELAINE E
Address: 32648 DARBY ROAD
City-St-Zip: DADE CITY, FL 32520

Title: D () Delete
Name: CALDWELL, PATRICIA
Address: 11325 GLENMONT DRIVE
City-St-Zip: TAMPA, FL 33635

Title: D () Delete
Name: CANARIS, LOIS
Address: 29327 CADDYSHACK LANE
City-St-Zip: SAN ANTONIO, FL 33756

Title: D () Delete
Name: PARRISH, LYNNETTE
Address: 18403 TURNING POINT DRIVE
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: COE, JOANNE B
Address: 10416 GLEN WILLIOW LANE
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: COMPAGNONE, AGNES
Address: 8512 KINGS RAIL WAY
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LYNNETTE PARRISH

D

03/07/2005

Electronic Signature of Signing Officer or Director

Date