

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005209

FILED
Jul 07, 2005
Secretary of State

Entity Name: NORTH PORT CITIZENS ALLIANCE, INC.

Current Principal Place of Business:

3396 TROPICAIRE BLVD
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

3396 TROPICAIRE BLVD
NORTH PORT, FL 34286

New Mailing Address:

FEI Number: 56-2461849 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

STEVENS TAX SERVICE, INC.
2511 VASCO ST.
STE. 115
PUNTA GORDA, FL 33950 US

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: J DAVID CAMPBELL, EA

07/07/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROGERS, HOWARD B
Address: 3396 TROPICAIRE BLVD
City-St-Zip: NORTH PORT, FL 34286

Title: S () Delete
Name: DIETRICH, JOHN L
Address: 3396 TROPICAIRE BLVD
City-St-Zip: NORTH PORT, FL 34286

Title: T () Delete
Name: CALLAN, WILLIAM G JR.
Address: 3396 TROPICAIRE BLVD
City-St-Zip: NORTH PORT, FL 34286

Title: D () Delete
Name: ROGERS, LEONARD
Address: 3396 TROPICAIRE BLVD
City-St-Zip: NORTH PORT, FL 34286

Title: D () Delete
Name: MONTE, DENNIS
Address: 3396 TROPICAIRE BLVD
City-St-Zip: NORTH PORT, FL 34286

Title: D () Delete
Name: JONES, THOMAS
Address: 3396 TROPICAIRE BLVD
City-St-Zip: NORTH PORT, FL 34286

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: HOWARD B ROGERS

P

07/07/2005

Electronic Signature of Signing Officer or Director

Date