

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005209

FILED  
Jul 10, 2006  
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:**

**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: \_\_\_\_\_

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: P (X) Change ( ) Addition  
Name: LILJEGREN, STEVEN  
Address: 3396 TROPICAIRE BLVD  
City-St-Zip: NORTH PORT, FL 34286

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

Title: T (X) Change ( ) Addition  
Name: MONTE, LINDA  
Address: 3396 TROPICAIRE BLVD  
City-St-Zip: NORTH PORT, FL 34286

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

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

Title: D (X) Change ( ) Addition  
Name: FRISCH, KARL  
Address: 3396 TROPICAIRE BLVD  
City-St-Zip: NORTH PORT, FL 34286

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: LINDA MONTE

T

07/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date