2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005209

Entity Name: NORTH PORT CITIZENS ALLIANCE, INC.

FILED Apr 14, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Julicut i illicipui i luce di Busiliess.	New i interput i luce of Business.

3396 TROPICAIRE BLVD 1181 S. SUMTER BLVD

NORTH PORT, FL 34286 BOX 273

NORTH PORT, FL 34287 23

Current Mailing Address: New Mailing Address:

3396 TROPICAIRE BLVD 1181 S. SUMTER BLVD NORTH PORT, FL 34286 BOX 273

NORTH PORT, FL 34287

FEI Number: 56-2461849 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:P () DeleteTitle:P (X) Change () AdditionName:LILJEGREN, STEVENName:CALLAN, WILLIAMAddress:3396 TROPICAIRE BLVDAddress:1181 S. SUMTER BLVD BOX 273

City-St-Zip: NORTH PORT, FL 34286 City-St-Zip: NORTH PORT, FL 34287

Title: S () Delete Title: S (X) Change () Addition

 Name:
 DIETRICH, JOHN L
 Name:
 DIETRICH, JOHN L

 Address:
 3396 TROPICAIRE BLVD
 Address:
 1181 S SUMTER BLVD BOX 273

City-St-Zip: NORTH PORT, FL 34286 Address: NORTH PORT, FL 34287

Title: T () Delete Title: T (X) Change () Addition Name: MONTE, LINDA Name: MONTE, LINDA

Address: 3396 TROPICAIRE BLVD BOX 273

City-St-Zip: NORTH PORT, FL 34286 City-St-Zip: NORTH PORT, FL 34287

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 ROGERS, LEONARD
 Name:
 ROGERS, LEONARD

 Address:
 3396 TROPICAIRE BLVD
 Address:
 1181 S SUMTER BLVD BOX 273

City-St-Zip: NORTH PORT, FL 34286 City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete Title: D (X) Change () Addition Name: MONTE, DENNIS Name: MONTE, DENNIS

Address: 3396 TROPICAIRE BLVD Address: 1181 S SUMTER BLVD BOX 273
City-St-Zip: NORTH PORT, FL 34286 City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete Title: D (X) Change () Addition
Name: FRISCH, KARL Name: FRISCH, KARL

Address: 3396 TROPICAIRE BLVD Address: 1181 S SUMTER BLVD BOX 273
City-St-Zip: NORTH PORT, FL 34286 City-St-Zip: NORTH PORT, FL 34287

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 04/14/2007