2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2007
Secretary of State

DOCUMENT# N05000005266

Entity Name: NORTH COUNTY COMMUNITY ORGANIZATION, INC.

Current Principal Place of Business:

3301 NEWTOWN BLVD
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

3301 NEWTOWN BLVD
SARASOTA, FL 34234

New Mailing Address:

FEI Number: 45-2023969 **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:

SHEFFIELD, ELOUISE
3301 NEWTOWN BLVD
SARASOTA, FL 34234 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: P ( ) Delete
Name: SHEFFIELD, ELOUISE
Address: 3301 NEWTOWN BLVD
City-St-Zip: SARASOTA, FL 34234

Title: V ( ) Delete
Name: MYRICK, EULINE SR
Address: 2705 18TH STREET
City-St-Zip: SARASOTA, FL 34234

Title: S ( ) Delete
Name: WILLIAMS, ETHEL
Address: 3017 NEWTOWN BLVD
City-St-Zip: SARASOTA, FL 34234

Title: T ( ) Delete
Name: FERGERSON, DELL
Address: 3211 BUNCH ST
City-St-Zip: SARASOTA, FL 34234

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:

I hereby certify that the information supplied with this filing does not qualify 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: ELOUISE SHEFFIELD P 05/31/2007

Electronic Signature of Signing Officer or Director — Date