
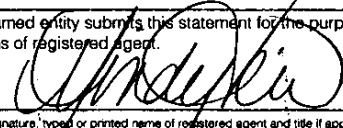
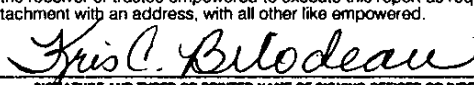


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90072 048 \*\*\*\*61.25

|  |                               |   |  |   |  |
|--|-------------------------------|---|--|---|--|
| <b>DOCUMENT # N05000012310</b><br>1. Entity Name<br><b>NORTH PORT AREA CHAMBER COMMUNITY FOUNDATION, INC.</b>  |                               |   |  |    |  |
| Principal Place of Business<br><b>15141 TAMiami TRAIL<br/>NORTH PORT, FL 34287</b>   |                               |   | Mailing Address<br><b>15141 TAMiami TRAIL<br/>NORTH PORT, FL 34287</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |                               | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |                               | Suite, Apt. #, etc.   |  |   |  |
| City & State   |                               | City & State  |  |   |  |
| Zip  | Country                       | Zip   | Country  | 4. FEI Number<br><b>20-4928967</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                               |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent  |                               |   |  | 7. Name and Address of New Registered Agent   |  |
| <b>W. KEVIN RUSSELL<br/>14295 S. TAMiami TRAIL<br/>NORTH PORT, FL 34287</b>  |                               |   |  | Name<br><b>Mindy Tew</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>15141 Tamiami Trail</b><br>City<br><b>North Port</b> <b>FL</b> Zip Code <b>34287</b> |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |                               |   |  |   |  |
| SIGNATURE  <span style="float: right;">4/17/07</span><br><small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>  |                               |   |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |                               |   |  |   |  |
| 10. OFFICERS AND DIRECTORS   |                               |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                  |   |  |
| TITLE  | D                             | <input checked="" type="checkbox"/> Delete  | TITLE  | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | <b>W. KEVIN RUSSELL</b>       |   | NAME   | <b>Pigott, Gene</b>   |  |
| STREET ADDRESS   | <b>14295 S. TAMiami TRAIL</b> |   | STREET ADDRESS   | <b>2885 Commercial Parkway</b>  |  |
| CITY - ST - ZIP  | <b>NORTH PORT, FL 34287</b>   |   | CITY - ST - ZIP  | <b>North Port FL 34289</b>  |  |
| TITLE  | D                             | <input type="checkbox"/> Delete   | TITLE  | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | <b>BILODEAU, KRIS</b>         |   | NAME   | <b>Taylor-Harris, Richelle</b>  |  |
| STREET ADDRESS   | <b>5900 NORTH PORT BLVD.</b>  |   | STREET ADDRESS   | <b>3401 S Sumter Blvd.</b>  |  |
| CITY - ST - ZIP  | <b>NORTH PORT, FL 34287</b>   |   | CITY - ST - ZIP  | <b>North Port FL 34287</b>  |  |
| TITLE  | D                             | <input checked="" type="checkbox"/> Delete  | TITLE  | D   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | <b>DONOGHUE, JACK</b>         |   | NAME   |   |  |
| STREET ADDRESS   | <b>15121 TAMiami TRAIL</b>    |   | STREET ADDRESS   |   |  |
| CITY - ST - ZIP  | <b>NORTH PORT, FL 34287</b>   |   | CITY - ST - ZIP  |   |  |
| TITLE  |                               | <input type="checkbox"/> Delete   | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                               |   | NAME   |   |  |
| STREET ADDRESS   |                               |   | STREET ADDRESS   |   |  |
| CITY - ST - ZIP  |                               |   | CITY - ST - ZIP  |   |  |
| TITLE  |                               | <input type="checkbox"/> Delete   | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                               |   | NAME   |   |  |
| STREET ADDRESS   |                               |   | STREET ADDRESS   |   |  |
| CITY - ST - ZIP  |                               |   | CITY - ST - ZIP  |   |  |
| TITLE  |                               | <input type="checkbox"/> Delete   | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                               |   | NAME   |   |  |
| STREET ADDRESS   |                               |   | STREET ADDRESS   |   |  |
| CITY - ST - ZIP  |                               |   | CITY - ST - ZIP  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                               |   |  |   |  |
| SIGNATURE:  <span style="float: right;">4/17/07</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |                               |   |  |   |  |

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04112007 Chg-NP CR2E037 (12/06)