## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # N0600006430  1. Entity Name NORTH MONROE COMMUNITY ALLIANCE, INC.									O7 MAY I	LEI S PM		1/9
2801 GLENNIS CT 28				Mailing Address 2801 GLENNIS CT TALLAHASSEE, FL 32303				JUCKETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal F	Place of Busin	iling Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03042007	Chg-NP	CR2E037	(12/06)	
City & State				City & State				4. FEI Number Applied For 20-5214301 Not Applicable				
Zip	Country			Zip Cou			5. Certificate of Status Desired Fee Required					
••	6. Name	and Address of Curre	nt Registere	d Agent		7. Name and Address of New Registered Agent						
PANNELL	ROBERT	F				Name						
PANNELL, ROBERT E 2801 GLENNIS CT TALLAHASSEE, FL 32303						Street Address (P.O. Box Number is Not Acceptable)						
						City FL Zip Code						•
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.												
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SIGNATURE	Strockure typed	y odnieri name of registered an	ent and title if and	alicania (NOT)	E: Denistom	d Appet slopes		urban mineration)		D.T.		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
Filing Fee is \$61.25  Due by May 1, 2007  9. Election Campaign F Trust Fund Contribution								\$5.00 May Be Added to Fees		lake check rida Departi		
10.		OFFICERS AND	DIRECTORS		11.			ADDITIONS/CHAN	IGES TO OFFICE	RS AND DIR	ECTORS IN	10
TITLE	DP	•		☐ Delete	ŦΙΠΔ	E					☐ Change	☐ Addition
NAME	PANNELL				NAM	E				on or at a		
STREET ADDRESS CITY-ST-ZIP	2801 GLENNIS CT TALLAHASSEE, FL 32303			STRE				2 <b>00103094802</b> 05/23/0701012006 **61.25				.25
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TITLE	DT			Delete	TITL	E	DT	A A.I.			Change	Addition
NAME CZDEET LODOCCO	1	I, BARBARA			NAM		DEP	PIEST, PH	YUS			
STREET ADDRESS CITY-ST-ZIP	1614 PAU	SSEE, FL 32303				EET ADDRESS -ST-ZIP	T/21	PAULAT	F F1. 3	7 702		
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STREET ADDRESS	<del></del> -	<del></del>			NAM STRE	ie Eet adoress <sup>*</sup>	<u> </u>	LIVAN, B PAULADI	<u> HIKISHRA</u>			
CITY-ST-ZIP	j					-ST-ZIP		1440A JA		32303		
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CITY-ST-ZIP		tata at	Sale at 1 con			-SI-ZIP				<del></del>	E,FL:	
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 exacute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, so on an estachment with an address, with all other like empowered.												
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SIGNAT	UKE: _	SIGNATURE AND TYPED	OR PRINTED NAI	NE OF SIGNING OFFICER	OR DIREC	TOR		(-	Date /	Da	time Phone #	



## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10, CONT.

## NT (

## **ADDITION:**

TITLE:

Director

NAME:

St. Petery, Dr. Julia 3101 Livingston Rd.

STREET ADDRESS: COTY-ST-ZIP:

Tallahassee, FL 32303