

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



FILED

07 MAY 15 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03042007 Chg-NP CR2E037 (12/06)

DOCUMENT # N06000006430					
1. Entity Name NORTH MONROE COMMUNITY ALLIANCE, INC.					
Principal Place of Business 2801 GLENNIS CT TALLAHASSEE, FL 32303			Mailing Address 2801 GLENNIS CT TALLAHASSEE, FL 32303		
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 20-5214301	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PANNELL, ROBERT E 2801 GLENNIS CT TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PANNELL, ROBERT 2801 GLENNIS CT TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200103094802 05/23/07--01012--006 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DEPRIEST, PHYLLIS 1721 PAULA DR TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Howard, II, William 2854 Paris Drive Tallahassee FL 32303	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SULLIVAN, BARBARA 1614 PAULA DR TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DEPRIEST, PHYLLIS 1721 PAULA DR TALLAHASSEE, FL 32303	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCCABE, SALLY 2808 WOOD HOLLOW CT TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	To be announced	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SULLIVAN, BARBARA 1614 PAULA DR TALLAHASSEE, FL 32303	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ST. PETER, DR. LOUIS 3101 LIVINGSTON RD. TALLAHASSEE, FL 32303	
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: 			3/28/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

K. Eckel MAY 15 2007

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

2/2

ADDITION:

TITLE:	Director
NAME:	St. Petery, Dr. Julia
STREET ADDRESS:	3101 Livingston Rd.
COTY-ST-ZIP:	Tallahassee, FL 32303