

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90039 042 ****61.25

DOCUMENT # N37868

1. Entity Name

NORTH PORT CONTRACTORS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

%CORD C MELLOR
13801 S TAMiami TRAIL
NORTH PORT FL 34287

P.O. BOX 7041
NORTH PORT FL 34287

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0211357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MELLOR, CORD C
13801 S TAMiami TRAIL
NORTH PORT FL 34287

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE STD ☐ Delete
NAME REX, ROSE
STREET ADDRESS 3337 PINE SHADOW CIRCLE
CITY-ST-ZIP NORTH PORT FL 34287

TITLE PSD ☒ Delete
NAME SHUTE, FRED
STREET ADDRESS 13355 C TAMiami TRAIL
CITY-ST-ZIP NORTH PORT FL 34287

TITLE SD ☒ Delete
NAME CHARTLAND, KAREN
STREET ADDRESS 5280 BULLARD ST
CITY-ST-ZIP NORTH PORT FL 34287

TITLE VSD ☒ Delete
NAME GRAHAMN, SUZANN
STREET ADDRESS 17506 BRIGHTON AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL 33953

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE STD ☒ Change ☐ Addition
NAME Rex, Rose
STREET ADDRESS 1106 DelMonte Street
CITY-ST-ZIP North Port, FL. 34288

TITLE PSD ☐ Change ☒ Addition
NAME Graham, Suzanne
STREET ADDRESS 17506 Brighton Avenue
CITY-ST-ZIP Port Charlotte, FL. 33953

TITLE SD ☐ Change ☒ Addition
NAME Fitzpatrick, Joan
STREET ADDRESS 812 Tamiami Trail Ste #2
CITY-ST-ZIP Port Charlotte, FL. 33953

TITLE VSD (1st) ☐ Change ☒ Addition
NAME Gardner, Lori
STREET ADDRESS PO BOX 381088
CITY-ST-ZIP Murdock, FL. 33938

TITLE VSD (2nd) ☐ Change ☒ Addition
NAME Wheat, Len
STREET ADDRESS PO BOX 7041
CITY-ST-ZIP North Port, FL. 34287

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Suzanne V. Graham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04
Date

941-629-6666
Daytime Phone #