

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 10, 2005 8:00 am**  
**Secretary of State**

08-10-2005 90016 013 \*\*\*\*61.25

**DOCUMENT # N37868**

1. Entity Name  
**NORTH PORT CONTRACTORS ASSOCIATION, INC.**



Principal Place of Business  
**%CORD C MELLOR  
13801 S TAMiami TRAIL  
NORTH PORT, FL 34287**

Mailing Address  
**P.O. BOX 7041  
NORTH PORT, FL 34287**

**50060838**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05202005

Chg-NP

CR2E037 (10/03)

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

**Filing Fee is \$61.25  
Due by September 7, 2005**

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 **1106 DELMONTE ST.**  
CITY-ST-ZIP **NORTH PORT, FL 34288**

TITLE **PSD** ☐ Delete  
NAME **GRAHAM, SUZANNE**  
STREET ADDRESS **17506 BRIGHTON AVE.**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33953**

TITLE **SD** ☒ Delete  
NAME **FITZPATRICK, JOAN**  
STREET ADDRESS **812 TAMiami TRAIL, STE 2**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33953**

TITLE **VSD** ☐ Delete  
NAME **GARDNER, LORI**  
STREET ADDRESS **PO BOX 381088**  
CITY-ST-ZIP **MURDOCK, FL 33938**

TITLE **2VSD** ☒ Delete  
NAME **WHEAT, LEN**  
STREET ADDRESS **PO BOX 7041**  
CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **STD** ☐ Change ☒ Addition  
NAME **GERACE, JODY**  
STREET ADDRESS **2770 S. Salford Blvd.**  
CITY-ST-ZIP **North Port, FL 34287**

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

TITLE **SD** ☐ Change ☒ Addition  
NAME **Andres, Elizabeth**  
STREET ADDRESS **4534 Hartsook Avenue**  
CITY-ST-ZIP **North Port, FL 34287**

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

TITLE **2VSD** ☐ Change ☒ Addition  
NAME **Greer, Allen**  
STREET ADDRESS **5660 Brooklyn Ave.**  
CITY-ST-ZIP **Sarasota, FL 34231-8415**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jody A. Surace, Treasurer 6/30/05 (941) 766-1415*