

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37868

FILED
May 01, 2006
Secretary of State

Entity Name: NORTH PORT CONTRACTORS ASSOCIATION, INC.

Current Principal Place of Business:

%CORD C MELLOR
13801 S TAMIAMI TRAIL
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7041
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 65-0211357 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MELLOR, CORD C
13801 S TAMIAMI TRAIL
NORTH PORT, FL 34287 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: GERACE, JODY
Address: 2770 S SALFORD BLVD
City-St-Zip: NORTH PORT, FL 34287

Title: PSD () Delete
Name: GRAHAM, SUZANNE
Address: 17506 BRIGHTON AVE.
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: SD () Delete
Name: ANDRES, ELIZABETH
Address: 4534 HARTSOOK AVE
City-St-Zip: NORTH PORT, FL 34287

Title: VSD () Delete
Name: GARDNER, LORI
Address: PO BOX 381088
City-St-Zip: MURDOCK, FL 33938

Title: 2VSD () Delete
Name: GREER, ALLEN
Address: 5660 BROOKLYN AVE
City-St-Zip: SARASOTA, FL 342318415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: MANJUCK, KARI
Address: 1158 N WACONIA ST
City-St-Zip: NORTH PORT, FL 34286

Title: PSD (X) Change () Addition
Name: COATS, ROBERT
Address: 2960 S. MCCALL RD
City-St-Zip: ENGLEWOOD, FL 34226

Title: SD (X) Change () Addition
Name: ALLEN, CHAD
Address: 1100 S. TAMIAMI TR
City-St-Zip: VENICE, FL 34285

Title: VSD (X) Change () Addition
Name: BONSKY, NICK
Address: 4535 W. PRICE BLVD
City-St-Zip: NORTH PORT, FL 34286

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARI MANJUCK

STD

05/01/2006

Electronic Signature of Signing Officer or Director

Date