


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90018 043 \*\*\*\*61.25

<b>DOCUMENT # N37868</b>					
<b>1. Entity Name</b> NORTH PORT CONTRACTORS ASSOCIATION, INC.					
<b>Principal Place of Business</b> %CORD C MELLOR 13801 S TAMiami TRAIL NORTH PORT, FL 34287			<b>Mailing Address</b> P.O. BOX 7041 NORTH PORT, FL 34287		
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
<b>4. FEI Number</b> 65-0211357				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MELLOR, CORD C 13801 S TAMiami TRAIL NORTH PORT, FL 34287			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	STD <input type="checkbox"/> Delete		TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COATS, ROBERT		NAME	Brian Athern	
STREET ADDRESS	2960 S. MCCALL RD.		STREET ADDRESS	5664 Garrison Ave.	
CITY-ST-ZIP	ENGLEWOOD, FL 34226		CITY-ST-ZIP	North Port, FL 34291	
TITLE	PSD <input type="checkbox"/> Delete		TITLE	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COATS, ROBERT		NAME	Brian Athern	
STREET ADDRESS	2960 S. MCCALL RD		STREET ADDRESS	North Port, FL	
CITY-ST-ZIP	ENGLEWOOD, FL 34226		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SACHKAR, STEVE		NAME	Nick Borsky	
STREET ADDRESS	13644 S. TAMiami TR.		STREET ADDRESS	North Port, FL	
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP		
TITLE	2VD <input type="checkbox"/> Delete		TITLE	2VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREER, ALLEN D		NAME	Bill Ramseur	
STREET ADDRESS	1722 HARBELL ST.		STREET ADDRESS	3900 Baynes Rd.	
CITY-ST-ZIP	NORTH PORT, FL 34288		CITY-ST-ZIP	North Port, FL 34288	
TITLE	TD <input type="checkbox"/> Delete		TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEWART, DONNA M		NAME	JODY A. GERACE	
STREET ADDRESS	P.O. BOX 7871		STREET ADDRESS	2090 Switzerland Road	
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP	North Port, FL 34288	
TITLE	SD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOOLE, TERESA L		NAME	Empty	
STREET ADDRESS	P.O. BOX 1506		STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS, FL 34274		CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Jody A. Gerace, Treasurer</u> <u>4-30-08</u> <u>(941) 661-9659</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					