

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

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90029 006 \*\*\*\*70.00

**DOCUMENT # 725497**

1. Entity Name

THE ARC NATURE COAST, INC.



Principal Place of Business

5283 NEFF LAKE RD  
BROOKSVILLE FL 34601-8018  
US

Mailing Address

5283 NEFF LAKE RD  
BROOKSVILLE FL 34601-8018  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7305830

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

BARRY, MARK W.  
13911 CORONADO DRIVE  
SPRINGHILL FL 34609

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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23/04

**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	PD	<input checked="" type="checkbox"/> Delete
NAME	DIRIENZO, JOHN L JR	
STREET ADDRESS	3090 POLK AVENUE	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PARRENILLO, JOHN	
STREET ADDRESS	9441 WILDERNESS TRAIL	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LONERGAN, KATHLEEN F	
STREET ADDRESS	4120 CAMELIA DRIVE	
CITY-ST-ZIP	HERNANDO BEACH FL 34607	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CUNNINGHAM, JOSEPH	
STREET ADDRESS	14274 MISTY ST	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MAURER, MICHAEL	
STREET ADDRESS	3140 KEEPORT DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PARRINELLO, JOHN MD	
STREET ADDRESS	4405 LIGHTFOOT ST	
CITY-ST-ZIP	SPRING HILL FL 34609	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Maurer	
STREET ADDRESS	3140 KEEPORT DR	
CITY-ST-ZIP	Spring Hill, FL 34609	
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gregory Jarque	
STREET ADDRESS	15261 Telcom Dr	
CITY-ST-ZIP	Brooksville, FL 34608	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cathy Dofka	
STREET ADDRESS	24176 Mondon Hill Rd	
CITY-ST-ZIP	Brooksville, FL 34608	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert L Taylor	
STREET ADDRESS	11037 Thornberry Dr	
CITY-ST-ZIP	Spring Hill, FL 34608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

2/23/04 (352) 544-2322 x103