

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

**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**



01042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**23-7305830**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BARRY, MARK W.  
13911 CORONADO DRIVE  
SPRINGHILL, FL 34609**

**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
LONERGAN, KATHLEEN  
18641 FAIRWAY GREEN DRIVE  
HUDSON, FL 34687**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
JARQUE, GREGORY  
15261 TELCOME DR  
BROOKSVILLE, FL 34608**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
HEBERT, TOM  
5108 MERRIFIELD CT.  
BROOKSVILLE, FL 34608**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
GUADAGNINO, GUS  
1539 FAYETVILLE DR.  
SPRING HILL, FL 34609**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/4/07 (352) 650-1743**