
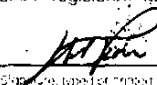


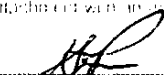
**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90014 036 ****61.25

DOCUMENT # N39750					
1. Entity Name NATURE COAST LODGE #2502, INC.					
Principal Place of Business C/O EUGENE GESSELLI P O BOX 5232 SPRING HILL FL 34611-5232 US			Mailing Address C/O EUGENE GESSELLI P O BOX 5232 SPRING HILL FL 34611-5232 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Name - Apt. #, etc.		State - Apt. #, etc.			
City & State		City & State		4. FEI Number: 59-3028513 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GESSELLI, ANNETTE 8164 TEDBURN PARK SPRING HILL FL 34606			7. Name and Address of New Registered Agent Name: Frank Paine Street Address (P.O. Box Number is Not Acceptable): 12259 Forest Crest Ct. City: Spring Hill FL Zip Code: 34608		
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:  Frank Paine		NOTE: Registered Agent signature must be typed when not stamped.		DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DT MILLER, PATRICIA A 10172 LITTLEFIELD LANE SPRING HILL FL 34608	<input checked="" type="checkbox"/> Delete	TITLE	DT Ida Luciana 2200 Hillendale Ave Spring Hill FL 34608	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DS GESSELLI, ANNETTE 8164 TEDBURN PARK SPRING HILL FL 34606	<input checked="" type="checkbox"/> Delete	TITLE	DS Frank Paine 12259 Forest Crest Ct Spring Hill FL 34608	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DP GESSELLI, EUGENE 8164 TEDBURN PARK SPRING HILL FL 34606	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DV ILLIANO, ANDREW 11420 AMBOY STREET SPRING HILL FL 34609	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DS LICATA, CAROLANN 8175 WINDING OAK LANE SPRING HILL FL 34606	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information contained within this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information included on this report or supplemental report is true and accurate, and that my signature shall have the same legal effect as if made in person. I am an officer or director of the corporation or the manager or trustee of a trust, and I am required to execute this report as required by Chapter 617, Florida Statutes, and that my name appears as listed in Block 11. I understand the consequences of filing this report with all other like responsibilities.

SIGNATURE:  **Frank Paine**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR