

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# N39750

Entity Name: NATURE COAST LODGE #2502, INC.

Current Principal Place of Business:

C/O EUGENE GESSELLI
P O BOX 5232
SPRING HILL, FL 346115232 US

Current Mailing Address:

C/O EUGENE GESSELLI
P O BOX 5232
SPRING HILL, FL 346115232 US

FEI Number: 59-3028513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

C/O EUGENE GESSELLI
8164 TEDBURN PARK
SPRING HILL, FL 34606 US

New Mailing Address:

C/O EUGENE GESSELLI
8164 TEDBURN PARK
SPRING HILL, FL 34606 US

Name and Address of Current Registered Agent:

PAINO, FRANK
12259 FOREST CREST CT
SPRING HILL, FL 34609 US

Name and Address of New Registered Agent:

PAINO, FRANK DS
12259 FOREST CREST CT
SPRING HILL, FL 34609 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: FRANK PAINO

02/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: LUCIANE, IDA
Address: 2100 HILLANDALE AVE
City-St-Zip: SPRING HILL, FL 34608

Title: DS () Delete
Name: PAINO, FRANK
Address: 12259 FORESR CREST CT
City-St-Zip: SPRING HILL, FL 34609

Title: DP () Delete
Name: GESSELLI, EUGENE
Address: 8164 TEDBURN PARK
City-St-Zip: SPRING HILL, FL 34606

Title: DS () Delete
Name: LICATA, CAROLANN
Address: 8175 WINDING OAK LANE
City-St-Zip: SPRING HILL, FL 34606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DS (X) Change () Addition
Name: LAURA, RISPOLI
Address: 11400 LEEDS DR.
City-St-Zip: SPRING HILL, FL 34609

I hereby certify that the information supplied with this filing does not qualify 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: FRRANK PAINO

DS

02/12/2009

Electronic Signature of Signing Officer or Director

Date