FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:53

DOCUMENT # **N49037** **(7)**

1. Corporation Name

FLORIDA'S NATURE COAST CONSERVANCY, INC.

Principal Place of Business	Mailing Address
P O BOX 401 CEDAR KEY FL 32625	P O BOX 401 CEDAR KEY FL 32625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1992
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-3118685 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CRANE, ROBERT B.
1404 MARGERY ST
CEDAR KEY FL 32625

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	CRANE, CAPT. ROBERT B.	1.2 NAME		
STREET ADDRESS	PO BOX 508/NA	1.3 STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY FL 32625	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	HITT, TERRENCE	2.2 NAME		
STREET ADDRESS	HCI BOX 1305 N/A	2.3 STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY FL 32525	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	CLINTON, LEROY J	3.2 NAME	CLINTON, LEROY A	
STREET ADDRESS	PO BOX 128 N/A	3.3 STREET ADDRESS	PO BOX 128 N/A	
CITY-ST-ZIP	CEDAR KEY FL	3.4 CITY-ST-ZIP	CEDAR KEY FL	
TITLE	SD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	HUTCHINSON, ROBERT W.	4.2 NAME	HUTCHINSON, ROBERT W	
STREET ADDRESS	22 SOUTH MAIN STREET	4.3 STREET ADDRESS	3219 SE 27TH STREET	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, SHRADER	5.2 NAME		
STREET ADDRESS	PO BOX 265/NA	5.3 STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	WINGMAN, WARREN	
STREET ADDRESS		6.3 STREET ADDRESS	P.O. BOX 476 N/A	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CEDAR KEY FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Robert B. Crane Robert B. Crane 4/12/95 904-543-6352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR001D