FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **05/22/1992**

3a. Date of Last Report: **04/14/1995**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CLINTON, LEROY A		3.2 NAME	
STREET ADDRESS	PO BOX 128 N/A		3.3 STREET ADDRESS	
CITY-ST-ZIP	CEDAR KEY FL		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HUTCHINSON, ROBERT W		4.2 NAME	
STREET ADDRESS	3218 SE 27TH STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	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	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WINEMAN WARREN		6.2 NAME	
STREET ADDRESS	P.O. BOX 476 N/A		6.3 STREET ADDRESS	
CITY-ST-ZIP	CEDAR KEY FL		6.4 CITY-ST-ZIP	

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 1/30/96 352-543-6352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)