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Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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.
16851 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	D	☐ Change ☒ Addition
NAME	CRANE, CAPT. ROBERT B.		1.2 NAME	CHET PROBST	
STREET ADDRESS	PO BOX 508/NA		1.3 STREET ADDRESS	PO BOX 879/NA	
CITY-ST-ZIP	CEDAR KEY FL 32625		1.4 CITY-ST-ZIP	CEDAR KEY, FL 32625	
TITLE	VD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	HITT, TERRENCE		2.2 NAME	GEORGE ARMSTRONG	
STREET ADDRESS	HCI BOX 1305 N/A		2.3 STREET ADDRESS	PO BOX 655/NA	
CITY-ST-ZIP	CEDAR KEY FL 32525		2.4 CITY-ST-ZIP	CEDAR KEY, FL 32625	
TITLE	TD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	ROQUEMORE, DAVID		3.2 NAME	LOVETT E. WILLIAMS	
STREET ADDRESS	P.O. BOX 58 N/A		3.3 STREET ADDRESS	PO BOX 870/NA	
CITY-ST-ZIP	CEDAR KEY FL		3.4 CITY-ST-ZIP	CEDAR KEY, FL 32625	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STARNES, EARL M		4.2 NAME		
STREET ADDRESS	P.O BOX 234 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STALTER, WILLIAM		5.2 NAME		
STREET ADDRESS	P.O. BOX416 N/A		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		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Treasurer 5/18/98 352-543-5824