## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N49037

Address:

City-St-Zip:

PO BOX 741

CEDAR KEY, FL 32625

FILED Jul 24, 2005 Secretary of State

Entity Name: FLORIDA'S NATURE COAST CONSERVANCY, INC.

**Current Principal Place of Business: New Principal Place of Business:** P O BOX 401 CEDAR KEY, FL 32625 **Current Mailing Address: New Mailing Address:** P O BOX 401 CEDAR KEY, FL 32625 FEI Number: 59-3118685 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CRANE, ROBERT B. STARNES, EARL M 16851 MARGERY ST. 16450 SHELLCREST AVE. CEDAR KEY, FL 32625 US CEDAR KEY, FL 32625 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: EARL M. STARNES 07/24/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition CRANE, CAPT. ROBERT, B. STARNES, EARL M.. Name: Name: 16851 MARGERY ST Address: 16450 SHELLCREST AVE. Address: City-St-Zip: CEDAR KEY, FL 32625 City-St-Zip: CEDAR KEY, FL 32625 Title: VD () Delete Title: () Change () Addition HITT, TERRENCE, Name: Name: Address: PO BOX 218 Address: City-St-Zip: CEDAR KEY, FL 32525 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition ROGUEMORE, DAVID ROGUEMORE, DAVID Name: Name: 11571 SW 154TH AVE Address: Address: 11571 SW 154TH AVE City-St-Zip: CEDAR KEY, FL 32625 City-St-Zip: CEDAR KEY, FL 32625 Title: SD ( ) Delete Title: SD (X) Change ( ) Addition STARNES, EARL M FLYNN, KEVIN Name: Name: SHELLCREST AVE 1230 GULF BOULEVARD Address: Address: City-St-Zip: CEDAR KEY, FL 32625 City-St-Zip: CEDAR KEY, FL 32625 Title: () Delete Title: () Change () Addition HOLLING, C.S. Name: Name: 16871 STURGIS CIR Address: Address: City-St-Zip: CEDAR KEY, FL 32625 City-St-Zip: Title: () Delete Title: () Change () Addition BROGREN, ERIK Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: EARL M. STARNES PD 07/24/2005