2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2008
Secretary of State

DOCUMENT# N49037

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

Current Principal Place of Business:

1350 SHELLCREST AVE.
CEDAR KEY, FL 32625

New Principal Place of Business:

Current Mailing Address:

P O BOX 401
CEDAR KEY, FL 32625

New Mailing Address:

FEI Number: 59-3118685 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STARNES, EARL M.
1350 SHELLCREST AVE.
CEDAR KEY, FL 32625 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STARNES, EARL M..,
Address: 1350 SHELLCREST AVE.
City-St-Zip: CEDAR KEY, FL 32625

Title: VD ( ) Delete
Name: HOLLING, C.S.
Address: 16781 STURGIS CIR
City-St-Zip: CEDAR KEY, FL 32625

Title: SD ( ) Delete
Name: FLYNN, KEVIN
Address: 1230 GULF BLVD
City-St-Zip: CEDAR KEY, FL 32625

Title: T ( ) Delete
Name: BROGREN, ERIK
Address: PO BOX 741, 12216 FRANKO CIR
City-St-Zip: CEDAR KEY, FL 32625

Title: D ( ) Delete
Name: ROQUEMORE, DAVID
Address: 11571 SW 154TH AVE
City-St-Zip: CEDAR KEY, FL 32625

Title: D ( ) Delete
Name: WILLIAMS, LOVETT
Address: PO BOX 870 16534 SW 120TH PL
City-St-Zip: CEDAR KEY, FL 32625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: SALAMON, GERALD
Address: 16850 SW 136 PLACE
City-St-Zip: CEDAR KEY, FL 32625

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

Title: TD (X) Change ( ) Addition
Name: BROGREN, ERIK
Address: PO BOX 741, 12216 FRANKO CIR
City-St-Zip: CEDAR KEY, FL 32625

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

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

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: EARL M. STARNES PD 01/20/2008

Electronic Signature of Signing Officer or Director — Date