2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
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:	SALAMON, GERALD	
Address:	16850 SW 136 PLACE	
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:	TD	( ) 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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 PRES 02/11/2009

Electronic Signature of Signing Officer or Director — Date