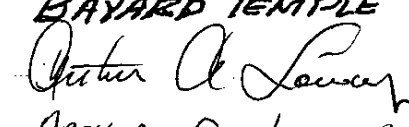


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

04-26-2004 90490 020 ****61.25

DOCUMENT # N95000004085			
1. Entity Name NATURE COAST R/CERS, INC.			
Principal Place of Business FLORIDA BARGE CANALLOCKS CR 40 INGLIS, FL 34431 US		Mailing Address 5508 N ANDRE DRIVE CRYSTAL RIVER, FL 34428 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number NOT APPLICABLE		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KREMAN, HOWARD D 5508 N ANDRI DRIVE CRYSTAL RIVER, FL 34428		Name LOWERY, ARTHUR A. Street Address (P.O. Box Number is Not Acceptable) 5236 W. BUCKSKIN DR. BEVERLY HILLS, FL City FL 34465	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 5/12/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P VP	NAME KLEMAN, HOWARD D	TITLE P	NAME LOWERY ARTHUR A
STREET ADDRESS 5508 N. ANDRI DRIVE	CITY-STATE-ZIP CRYSTAL RIVER, FL 34428	STREET ADDRESS 5236 W. BUCKSKIN DR.	CITY-STATE-ZIP BEVERLY HILLS, FL 34465
TITLE S	NAME TEMPLE, BAYARD	TITLE	NAME
STREET ADDRESS 1521 SE PINWHEEL DR.	CITY-STATE-ZIP CRYSTAL RIVER, FL 34429	STREET ADDRESS	CITY-STATE-ZIP
TITLE D	NAME CANILL, JAMES	TITLE	NAME
STREET ADDRESS 17 DEERWOOD DR	CITY-STATE-ZIP HOMOSASSA, FL 34446	STREET ADDRESS	CITY-STATE-ZIP
TITLE D	NAME MCGLYNN, GEORGE	TITLE	NAME
STREET ADDRESS 12 DAHOON CT SO	CITY-STATE-ZIP HOMOSASSA, FL 34446	STREET ADDRESS	CITY-STATE-ZIP
TITLE D	NAME NICHOLSON, ANDREW J	TITLE	NAME
STREET ADDRESS 130 N MAPLE STREET	CITY-STATE-ZIP INGLIS, FL 34449	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: 4-20-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	
BAYARD TEMPLE		5/12/04	
		352-507-7980	
ARTHUR A. LOWERY			