2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N95000004085

Entity Name: NATURE COAST R/CERS, INC.

Current Principal Place of Business:

FLORIDA BARGE CANALLOCKS
CR 40
INGLIS, FL 34431 US

New Principal Place of Business:

Current Mailing Address:

10936 W COVE HARBOR DRIVE
CRYSTAL RIVER, FL 34428 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHAEFER, JOHN W S
10936 W COVE HARBOR DRIVE
CRYSTAL RIVER, FL 34428 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: S ( ) Delete
Name: SCHAEFER, JOHN W
Address: 10936 W COVE HARBOR DRIVE
City-St-Zip: CRYSTAL RIVER, FL 34428 US

Title: P ( ) Delete
Name: NICHOLSON, ANDREW
Address: 130 NORTH MAPLE STREET
City-St-Zip: INGLIS, FL 34449 US

Title: V ( ) Delete
Name: GRAVES, WALTER
Address: 9772 W NOTCH PATH
City-St-Zip: CRYSTAL RIVER, FL 34428 US

Title: T ( ) Delete
Name: FRANK, RALPH
Address: 5387 W PINE RIDGE BLVD
City-St-Zip: BEVERLY HILLS, FL 34465 US

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:

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: JOHN W SCHAEFER S 01/22/2009

Electronic Signature of Signing Officer or Director — Date