

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007819

**Entity Name:** NATURE COAST HUMAN RESOURCES SOCIETY, INC.**Current Principal Place of Business:**23363 JACOBSON ROAD  
BROOKSVILLE, FL 34601**Current Mailing Address:**PO BOX 15038  
BROOKSVILLE, FL 34604 US**FEI Number:** 20-2647475**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCLAIN, TIM  
23363 JACOBSON ROAD  
BROOKSVILLE, FL 34601 US*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**Officer/Director Detail :**

Title	DIRECTOR
Name	DE PPE, GYDA
Address	PO BOX 15038
City-State-Zip:	BROOKSVILLE FL 34604

Title	TREASURER
Name	MCCLAIN, TIM
Address	PO BOX 15038
City-State-Zip:	BROOKSVILLE FL 34604

Title	SECRETARY
Name	KOZERA, MARCIA
Address	PO BOX 15038
City-State-Zip:	BROOKSVILLE FL 34604

Title	PRESIDENT
Name	WIMER, JENINE
Address	PO BOX 15038
City-State-Zip:	BROOKSVILLE FL 34604

Title	VP
Name	BALDWIN, PAM
Address	PO BOX 15038
City-State-Zip:	BROOKSVILLE FL 34604

Title	DIRECTOR
Name	LOOPER, CARLA
Address	PO BOX 15038
City-State-Zip:	BROOKSVILLE FL 34604

*I hereby 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 all other like empowered.*

**SIGNATURE: TIM MCCLAIN****TREASURER****02/23/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date