

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49037

Entity Name: FLORIDA'S NATURE COAST CONSERVANCY, INC.**Current Principal Place of Business:**1350 SHELLCREST AVE.
CEDAR KEY, FL 32625**Current Mailing Address:**P O BOX 401
CEDAR KEY, FL 32625**FEI Number:** 59-3118685**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STARNES, EARL M.
1350 SHELLCREST AVE.
CEDAR KEY, FL 32625 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	PRESIDENT
Name	STARNES, EARL M..
Address	1350 SHELLCREST AVE.
City-State-Zip:	CEDAR KEY FL 32625

Title	TD
Name	SALAMON, GERALD
Address	16850 SW 136 PLACE
City-State-Zip:	CEDAR KEY FL 32625

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

Title	D
Name	DUNLOP, KATHERINE
Address	13950 SW 77TH PLACE
City-State-Zip:	CEDAR KEY FL 32625

Title	SECRETARY
Name	PITHER, ALLAN
Address	4221 NW 18TH PLACE
City-State-Zip:	GAINESVILLE FL 32605-3526

Title	DIRECTOR
Name	CHAPELL, MILDRED
Address	12409 LIVE OAK STREET
City-State-Zip:	CEDAR KEY FL 32625

Title	DIRECTOR
Name	MCPHERSON, JOHN
Address	P.O. BOX 921
City-State-Zip:	CEDAR KEY FL 32625

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: GERALD L SALAMON**TREASURER****01/11/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date