


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90021 009 ****61.25

DOCUMENT # N00000000482 1. Entity Name NATURE COAST INTERGROUP, INC.					
Principal Place of Business 7107 EAST LEANING OAK DRIVE INVERNESS, FL 34453				Mailing Address PO BOX 2015 CRYSTAL RIVER, FL 34423-2015	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01062007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-3639818	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUNTER, BEVERLY 7107 EAST LEANING OAK DRIVE INVERNESS, FL 34453			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	C HUNTER, BEVERLY E 7107 E. LEANING OAK DR. INVERNESS, FL 34453	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN TONI THANE 4823 W. SAMPLES LA HOMOSASSA FL 34446	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BACON, KEVIN P.O. BOX 431 HOMOSASSA SPRINGS, FL 34447	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARY ROBERTS 9020 N. ARCADIA WAY CITRUS SPRINGS FL 34434	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MCCALLUM, PETER 3910 EMMA JANE TERRACE HOMOSASSA, FL 34448	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SUSAN CHISEFSKY 6746 E. RED ROBIN LANE INVERNESS FL 34452	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BUJOK, RON 5397 N IRVING PARK AVE HERNANDO, FL 34442	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE ALFRED R. LUCCHESI JR 3010 E DOVE CT INVERNESS FL 34452	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR WELTMAN, GAYLE 491 TUCK INVERNESS, FL 34453	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE NEIL SHEEHAN 640 W SEYMERIA DRIVE BEVERLY HILLS FL 34465	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE RICHARD THANE 4823 W. SAMPLES LA HOMOSASSA FL 34446	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Toni Thane</i> TONI THANE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/16/07 352-382-7578 <small>Date Daytime Phone #</small>		