


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90029 018 ****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 # 111 West Main St.		3. Mailing Address SAME			
Suite, Apt. #, etc. 308		Suite, Apt. #, etc. 			
City & State Inverness, FL		City & State 			
Zip 34450		Country USA		Zip 	
Country 		Zip 		Country 	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE <i>Beverly E Hunter</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%;"> Bereryl Hunter <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> 1-28-08 <small>DATE</small> </div> </div>					
Filing Fee Is \$61.25 Due by May 1, 2008		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					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THANE, TONI		NAME		
STREET ADDRESS	4823 W. SAMPLES LA		STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA, FL 34446		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROBERTS, MARY		NAME	Secretary	
STREET ADDRESS	9020 N ARCADIA WAY		STREET ADDRESS	JOAN BARTON	
CITY-ST-ZIP	CITRUS SPRINGS, FL 34434		CITY-ST-ZIP	309 N. Osceola Ave. Inverness, FL 34450	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHISEFSKY, SUSAN		NAME		
STREET ADDRESS	6746 E. RED ROBIN LANE		STREET ADDRESS		
CITY-ST-ZIP	INVERNESS, FL 34452		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUCCHESI JR, ALFRED		NAME		
STREET ADDRESS	3010 E. DOVE CT		STREET ADDRESS		
CITY-ST-ZIP	INVERNESS, FL 34452		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHEEHAN, NEIL		NAME		
STREET ADDRESS	640 W SEYMERIA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THANE, RICHARD		NAME		
STREET ADDRESS	4823 W SAMPLES LA		STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA, FL 34446		CITY-ST-ZIP		
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 1/28/08 352-344.0290 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					