

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000482

FILED
Feb 09, 2009
Secretary of State

Entity Name: NATURE COAST INTERGROUP, INC.

Current Principal Place of Business:

111 WEST MAIN ST
308
INVERNESS, FL 34450

Current Mailing Address:

111 WEST MAIN ST
308
INVERNESS, FL 34450

New Principal Place of Business:

111 WEST MAIN ST
305
INVERNESS, FL 34450

New Mailing Address:

111 WEST MAIN ST
305
INVERNESS, FL 34450

FEI Number: 59-3639818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNTER, BEVERLY
7107 EAST LEANING OAK DRIVE
INVERNESS, FL 34453 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: C () Delete
Name: THANE, TONI
Address: 4823 W. SAMPLES LA
City-St-Zip: HOMOSASSA, FL 34446

Title: S () Delete
Name: BARTON, JOAN
Address: 309 N OSCEOLA AVE
City-St-Zip: INVERNESS, FL 34450

Title: T () Delete
Name: CHISEFSKY, SUSAN
Address: 6746 E. RED ROBIN LANE
City-St-Zip: INVERNESS, FL 34452

Title: T () Delete
Name: LUCCHESI JR, ALFRED
Address: 3010 E. DOVE CT
City-St-Zip: INVERNESS, FL 34452

Title: T () Delete
Name: SHEEHAN, NEIL
Address: 640 W SEYMERIA DRIVE
City-St-Zip: BEVERLY HILLS, FL 34465

Title: T () Delete
Name: THANE, RICHARD
Address: 4823 W SAMPLES LA
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: ZIZZA, JAMES
Address: 14 BELLA ST
City-St-Zip: BEVERLY HILLS, FL 34465

Title: S (X) Change () Addition
Name: PAYNE, JULIE
Address: P O BOX 502
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: T (X) Change () Addition
Name: SHEEHAN, CORNELIUS
Address: 146 W SEYMERIA DR
City-St-Zip: BEVERLY HILLS, FL 34465

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: PAYNE, ROBERT
Address: P O BOX 502
City-St-Zip: CRYSTAL RIVER, FL 34423

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: JAMES ZIZZA

C

02/09/2009

Electronic Signature of Signing Officer or Director

Date