

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90058 044 ****61.25

DOCUMENT # N00000003178

1. Entity Name

NATURE COAST BUSINESS DEVELOPMENT COUNCIL,
INC.



Principal Place of Business

380 COURT STREET
BRONSON FL 32621

Mailing Address

P.O. BOX 1112
BRONSON FL 32621-1112

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3646526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARDONA, LANNIE D
620 N. HATHAWAY ST.
BRONSON FL 32621

7. Name and Address of New Registered Agent

Name **HOWARD M. JONES**

Street Address (P.O. Box Number is Not Acceptable)

620 N. HATHAWAY AVENUE

City

BRONSON

FL

Zip Code

32621

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

Howard M. Jones Executive Director

(NOTE: Registered Agent signature required when reconstituting)

DATE

1-27-06

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VC ☐ Delete
NAME KING, DOUG
STREET ADDRESS 315 NORTH MAIN
CITY-ST-ZIP CHIEFLAND FL 32626

TITLE C ☐ Delete
NAME MCQUEEN, CAROL
STREET ADDRESS 9207 FLORIDA STREET
CITY-ST-ZIP FANNING SPRINGS FL 32693

TITLE D ☐ Delete
NAME MCJORDAN, WALTON
STREET ADDRESS 7690 SW HWY 24
CITY-ST-ZIP CEDAR KEY FL 32625

TITLE D ☐ Delete
NAME CLITT, NORRIS
STREET ADDRESS 480 MASHBURN DR
CITY-ST-ZIP BRONSON FL 32621

TITLE ST ☐ Delete
NAME HENDERSON, SKIPPER
STREET ADDRESS 50 PICNIC STREET
CITY-ST-ZIP BRONSON FL 32621

TITLE D ☒ Delete
NAME FLEMING, GAIL
STREET ADDRESS 3202 RIVERSIDE DR
CITY-ST-ZIP YANKEETOWN FL 34498

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME THAD BARBER
STREET ADDRESS c/o FLORIDA ROCK, P.O. BOX 226
CITY-ST-ZIP GULF HAMMOCK FL 32639

TITLE D ☐ Change ☒ Addition
NAME CARLA CREAM
STREET ADDRESS US POST OFFICE
CITY-ST-ZIP WILLISTON FL 32696

TITLE D ☐ Change ☒ Addition
NAME ROBERT LOWYNS
STREET ADDRESS 3950 NE 170 AVE
CITY-ST-ZIP WILLISTON FL 32696

TITLE D ☐ Change ☒ Addition
NAME RAYANNE GIDDIS
STREET ADDRESS c/o CFCC, LEVY COUNTY CENTER
CITY-ST-ZIP 114 RODGERS BLVD, CHIEFLAND FL 32626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME SHARON BATTLES
STREET ADDRESS 3990 NE 155 AVE
CITY-ST-ZIP WILLISTON FL 32696

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.