## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 11, 2008 8:00 am Secretary of State

| DOCUMENT # N0000003178  1. Entity Name NATURE COAST BUSINESS DEVELOPMENT COUNCIL, INC.  |   |                     |  |                                       |        | Secretary of State<br>02-11-2008 90067 005 ****61.25 |  |   |                               |
|---|---|---------------------|--|---------------------------------------|--------|--|--|---|-------------------------------|
| Principal Place of Business 660 N. HATHAWAY AV BRONSON, FL 32621  Mailing Address P.O. BOX 1112 BRONSON, FL 32621  BRONSON, FL 32621  |   |                     |  | 112                                   |        | 1<br>  | 1 <b>et</b> ah <b>et</b> ah <b>et</b> ah <b>et</b> |   | 183 <b>71   11   10   1</b> 1 |
| 2. Principal P  | Place of Business - No P.O. Box #                                       | 3. Mailing Address  |  |                                       |        |  |  |   |                               |
| Suite, Apt.   | #, etc.   | Suite, Apt, #, etc. |  |                                       |        | 02072008 Chg-NP CR2E037 (12/06)                      |  |   |                               |
| City & Stat   | e   | City & State        |  |                                       |        | 4. FEI Number 59-36465                               | 26   | <b>}−-</b> +                              | oplied For<br>ot Applicable   |
| Zip   | Country   | Zip                 |  | Country                               |        | 5. Certificate of S                                  | Status Desired                                     | \$8.75 Add<br>Fee Require                 | litional                      |
|   | 6. Name and Address of Current  | Registered          | Agent  |                                       |        | 7. Name and Ad                                       | dress of New I                                     | Registered Agent                          |                               |
|   | MELA W<br>THAWAY AV<br>N, FL 32621                                      | Name<br>Street      | Name Amanda Douglas Street Address (P.O. Box Number is Not Acceptable) |                                       |        |  |  |   |                               |
|   |   |                     |  | City                                  | O<br>B | N. 1-1a-<br>ronson                                   | Haux   | EL Zip Cod                                | 21                            |
| 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 Signature, typed or privated iname of registered agent and title proposable. (NOTE: Registered Agent aignature required when reinstating)  DATE   |   |                     |  |                                       |        |  |  |   |                               |
| Filing Fee is \$61.25<br>Due by May 1, 2008   |   |                     | 9. Election Campaign Financing Trust Fund Contribution.                |                                       |        | \$5.00 May Be<br>Added to Fees                       |  | lake check payable trida Department of Si |                               |
| 10.   | OFFICERS AND DI   | RECTORS             |  | 11.                                   |        | ADDITIONS/CHANG                                      | SES TO OFFICE                                      | RS AND DIRECTORS IN                       | 10 .                          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | VC<br>GIDDIS, RAYANNE<br>114 RODGERS BLVD<br>CHIEFLAND, FL 32626        |                     | Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |        |  |  | ☐ Change                                  | Addition                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | C<br>MCQUEEN, CAROL<br>9207 FLORIDA STREET<br>FANNING SPRINGS, FL 32693 |                     | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |        |  |  | Change                                    | Addition                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>MCJORDAN, WALTON<br>7690 SW HWY 24<br>CEDAR KEY, FL 32625          |                     | ☐ Delete   | NAME STREET ADDRESS CITY-ST-ZIP       |        |  |  | ☐ Change                                  | Addition                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>CLIFF, NORRIS<br>480 MASHBURN DR<br>BRONSON, FL 32621              |                     | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |        |  |  | ☐ Change                                  | Addition                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ST<br>HENDERSON, SKIPPER<br>50 PICNIC STREET<br>BRONSON, FL 32621       |                     | ☐ Delete   | NAME STREET ADDRESS CITY-ST-ZIP       |        |  |  | ☐ Change                                  | Addition                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D BARBER, THAD PO BOX 226 GULF HAMMACK, FL 32639                        | this filles d       | Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 0010:  | in Chapter 140 Ti                                    |  | ☐ Change                                  | Addition                      |
| 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 reports true and accurate and that my signature is shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recipier of trustee employered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if |   |                     |  |                                       |        |  |  |   |                               |