

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003178

FILED
Mar 30, 2009
Secretary of State

Entity Name: NATURE COAST BUSINESS DEVELOPMENT COUNCIL, INC.

Current Principal Place of Business:

660 N. HATHAWAY AV
BRONSON, FL 32621

New Principal Place of Business:

660 N. HATHAWAY AVE
BRONSON, FL 32621

Current Mailing Address:

P.O. BOX 1112
BRONSON, FL 326211112

New Mailing Address:

FEI Number: 59-3646526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOUGLAS, AMANDA
660 N. HATHAWAY AV
BRONSON, FL 32621 US

Name and Address of New Registered Agent:

DOUGLAS, AMANDA J EXEC DIR
660 N. HATHAWAY AVE
BRONSON, FL 32621 US

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: AMANDA J. DOUGLAS

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VC () Delete
Name: GIDDIS, RAYANNE
Address: 114 RODGERS BLVD
City-St-Zip: CHIEFLAND, FL 32626

Title: C () Delete
Name: MCQUEEN, CAROL
Address: 9207 FLORIDA STREET
City-St-Zip: FANNING SPRINGS, FL 32693

Title: D () Delete
Name: MCJORDAN, WALTON
Address: 7690 SW HWY 24
City-St-Zip: CEDAR KEY, FL 32625

Title: D () Delete
Name: CLIFF, NORRIS
Address: 480 MASHBURN DR
City-St-Zip: BRONSON, FL 32621

Title: ST () Delete
Name: HENDERSON, SKIPPER
Address: 50 PICNIC STREET
City-St-Zip: BRONSON, FL 32621

Title: D () Delete
Name: BARBER, THAD
Address: PO BOX 226
City-St-Zip: GULF HAMMACK, FL 32639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: HASTINGS, BOB
Address: PO DRAWER 129
City-St-Zip: BRONSON, FL 32621

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

Title: D (X) Change () Addition
Name: BELL, RYAN
Address: 13 NE 3RD STREET
City-St-Zip: CHIEFLAND, FL 32626

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: CAROL J. MCQUEEN

C

03/30/2009

Electronic Signature of Signing Officer or Director

Date