

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N00000008441

1. Entity Name
NATURE COAST ECO-TOURISM ALLIANCE, INC.



Principal Place of Business
537 N. CITRUS AVE
CRYSTAL RIVER, FL 34428

Mailing Address
PO BOX 979
HOMOSASSA SPRINGS, FL

DO NOT WRITE IN THIS SPACE

**FILED
May 01, 2006 8:00 am
Secretary of State**

05-01-2006 90453 005 ****61.25

b0031721



04282006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3698768	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

VIRGO, AMY
537 N. CITRUS AVE
CRYSTAL RIVER, FL 34428

**DO NOT WRITE
IN THIS SPACE**

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VIRGO, AMY
STREET ADDRESS	537 N. CITRUS AVE
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428

TITLE	
NAME	
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CITY-ST-ZIP	

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #