

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001743

FILED
Apr 25, 2006
Secretary of State

Entity Name: NATURE COAST EDUCATIONAL EXPEDITIONS, INC.

Current Principal Place of Business:

9653 W. TOM MASON
CRYSTAL RIVER, FL 34428

New Principal Place of Business:

Current Mailing Address:

9653 W. TOM MASON
CRYSTAL RIVER, FL 34428

New Mailing Address:

FEI Number: 92-0190364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLIDER, CHARLES
9653 W. TOM MASON
CRYSTAL RIVER, FL 34428 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: DP () Delete
Name: SLIORE, CHARLES E
Address: 9653 W. TOM MASON
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: DT () Delete
Name: BODDEN, ALAN
Address: 12040 W CHESCKBERRY
City-St-Zip: CRYSTAL SPRINGS, FL 34428

Title: DS () Delete
Name: RHAN, BILL
Address: 3370 NE 53RD TERR
City-St-Zip: HIGH SPRINGS, FL 32655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SLIDER, CHARLES E
Address: 9653 W. TOM MASON
City-St-Zip: CRYSTAL RIVER, FL 34428

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ARLENE M CABANA

ACCT

04/25/2006

Electronic Signature of Signing Officer or Director

Date