

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90024 005 ****61.25

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1. Entity Name

NATURE COAST VOLUNTEERS FOR VETERANS, INC.



Principal Place of Business

2462 SUNSET VISTA DR.
ARIPEKA FL 34607

Mailing Address

2462 SUNSET VISTA DR.
ARIPEKA FL 34607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0400383

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEEVES, FRAN H
2462 SUNSET VISTA DR.
ARIPEKA FL 34607

Name

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

City

FL

Zip Code

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

Fran Horan Steeves

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 1st 2004

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 PD
NAME STEEVES, FRAN H ☐ Delete
STREET ADDRESS 2462 SUNSET VISTA DR.
CITY-ST-ZIP ARIPEKA FL 34607

TITLE VD
NAME FENNELL, PATRICK ☐ Delete
STREET ADDRESS 4710 OKLAHOMA AVE.
CITY-ST-ZIP TAMPA FL 33616

TITLE SD
NAME ANDERSON, LILLIAN ☒ Delete
STREET ADDRESS 8141 HIDDEN DR
CITY-ST-ZIP SPRING HILL FL 34606

TITLE TD
NAME FISHER, LORRIE ☐ Delete
STREET ADDRESS 12369 SPREADING OAK DR
CITY-ST-ZIP SPRING HILL FL 34609

TITLE SD
NAME MITCHELL, JOHN ☒ Delete
STREET ADDRESS 22912 CYPRESS TRAIL DR.
CITY-ST-ZIP LUTZ FL 33549

TITLE D
NAME KOH, EDWARD ☐ Delete
STREET ADDRESS 6225 OLD PASCO RD.
CITY-ST-ZIP WESLEY CHAPEL FL 33544

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE SD ☒ Change ☐ Addition
NAME LARRY COHEN
STREET ADDRESS 1568 FAYETTESVILLE DR
CITY-ST-ZIP SPRING HILL FL 34609

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

TITLE SD ☒ Change ☐ Addition
NAME THOMAS J. BOULLY
STREET ADDRESS 14540 GLEN ROCK RD
CITY-ST-ZIP SPRING HILL FL 34610

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Fran Horan Steeves

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-04

Date

352 686 1820

Daytime Phone #