


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90031 030 \*\*\*\*61.25

|  |  |   |   |   |   |
|--|--|---|---|---|---|
| <b>DOCUMENT #</b> N01000008367   |  |   |   |    |   |
| <b>1. Entity Name</b><br>NATURE COAST VOLUNTEERS FOR VETERANS, INC.  |  |   |   |   |   |
| <b>Principal Place of Business</b><br>2462 SUNSET VISTA DR.<br>ARIPEKA FL 34607  |  |   | <b>Mailing Address</b><br>2462 SUNSET VISTA DR.<br>ARIPEKA FL 34607 |   |   |
| <b>2. Principal Place of Business</b>  |  | <b>3. Mailing Address</b>   |   |   |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |   |   |
| City & State   |  | City & State  |   | <b>4. FEI Number</b> 03-0400383   |   |
| Zip  |  | Country   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                  |   |
| <b>6. Name and Address of Current Registered Agent</b><br><br>STEEVES, FRAN H.<br>2462 SUNSET VISTA DR.<br>ARIPEKA FL 34607  |  |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |
| <b>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.</b>   |  |   |   |   |   |
| <b>SIGNATURE</b> <u>FRAN H. STEEVES</u><br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |  | <u>Fran H. Steeves</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |   | <u>April 4-2005</u><br><small>DATE</small>  |   |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2005</b>   |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/>            |   | <b>\$5.00 May Be Added to Fees</b><br><b>Make Check Payable to Florida Department of State</b>  |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>        |   |   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>STEEVES, FRAN H<br>2462 SUNSET VISTA DR.<br>ARIPEKA FL 34607     | <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | Same<br>Same<br>Same<br>11  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>FENNELL, PATRICK<br>4710 OKLAHOMA AVE.<br>TAMPA FL 33616         | <input checked="" type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | VICE<br>THOMAS J. BOULLY<br>14540 GLENROCK ROAD<br>SPRING HILL, FL 34610  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>COHEN, LARRY<br>1568 FAYETTESVILLE DR.<br>SPRING HILL FL 34609   | <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | SAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>FISHER, LORRIE<br>12369 SPREADING OAK DR<br>SPRING HILL FL 34609 | <input checked="" type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | TREASURE<br>JUDY A. SOLOMON<br>3351 HARROW RD<br>SPRING HILL, FL 34606  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>BOULLY, THOMAS J<br>14540 GLENROCK RD<br>SPRING HILL FL 34610    | <input checked="" type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | DOUG J. FINLEY<br>2462 SUNSET VISTA DR<br>SPRING HILL, FL 34607   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>KOH, EDWARD<br>6225 OLD PASCO RD.<br>WESLEY CHAPEL FL 33544       | <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | SAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>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.</b> |  |   |   |   |   |
| <b>SIGNATURE:</b> <u>Fran H. Steeves Pres</u>  |  |   | <u>4-01-05 3526861820</u>   |   |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | <small>Date Daytime Phone #</small>                                 |   |   |