2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# N01000008367

Entity Name: NATURE COAST VOLUNTEERS FOR VETERANS, INC.

Current Principal Place of Business:

2462 SUNSET VISTA DR.
SPRING HILL, FL 34607

New Principal Place of Business:

Current Mailing Address:

2462 SUNSET VISTA DR.
SPRING HILL, FL 34607

New Mailing Address:

FEI Number: 03-0400383 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FINLEY, FRAN M
2462 SUNSET VISTA DR.
ARIPEKA, FL 34607 US

Name and Address of New Registered Agent:

FINLEY, FRAN M
2462 SUNSET VISTA DR.
SPRING HILL, FL 34607 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: _____ 01/30/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FINLEY, FRAN M
Address: 2462 SUNSET VISTA DR.
City-St-Zip: SPRING HILL, FL 34607

Title: TD ( ) Delete
Name: SOLOMAN, JUDY A
Address: 3351 HARROW RD
City-St-Zip: SPRING HILL, FL 34606

Title: SD ( ) Delete
Name: GEIGER, BETH
Address: 12240 EAGLE RD
City-St-Zip: HUDSON, FL 34667

Title: VD ( ) Delete
Name: GOLDBERG, ANN
Address: 12113 CACTUS DR
City-St-Zip: HUDSON, FL 34667

Title: D ( ) Delete
Name: BLOCK, BILL
Address: 8108 FIESTA ST
City-St-Zip: BROOKSVILLE, FL 34613

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: ( ) 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 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: FRAN M. FINLEY P 01/30/2009
Electronic Signature of Signing Officer or Director — Date