

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90173 002 ****61.25

DOCUMENT # NO1000008367

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



☒ CHECK HERE IF MAKING CHANGES

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

Signature, type _____ title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE **SD** ☒ Delete
NAME **HENDERSON, DOROTHY**
STREET ADDRESS **9034 SENIOR WAY**
CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE **SD** ☒ Change ☐ Addition
NAME **LILLIAN ANDERSON**
STREET ADDRESS **8141 HIDDEN DR.**
CITY-ST-ZIP **SPRING HILL, FL. 34606**

TITLE **TD** ☒ Delete
NAME **GANGLOFF, MARY**
STREET ADDRESS **1127 LODGE CIRCLE**
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **TD** ☒ Change ☐ Addition
NAME **LORRIE FISHER**
STREET ADDRESS **12369 SPREADING OAK DR.**
CITY-ST-ZIP **SPRING HILL FL. 34609**

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

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

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

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: *x Fran H. Steeves* **FRANCES H. STEEVES** 4/8/03 (352) 686-820

CR2E037 (10/02)