

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90186 013 ****61.25

DOCUMENT # N04000000164 1. Entity Name CHURCH OF TODAY OF THE NATURE COAST, INC.			
Principal Place of Business 2021 N.W. 13TH ST CRYSTAL RIVER, FL 34428		Mailing Address 2021 N.W. 13TH ST CRYSTAL RIVER, FL 34428	
2. Principal Place of Business <i>(meeting place) 320 S. Citrus Ave</i> Suite, Apt. #, etc. 320 S. Citrus Ave City & State Crystal River, FL Zip 34429		3. Mailing Address Church of Today Suite, Apt. #, etc. 6 Holly Court City & State Homosassa FL Zip 34446	
4. FEI Number 80-0094740		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOSTELNICK, GAIL 2021 NW 13TH ST CRYSTAL RIVER, FL 34428		7. Name and Address of New Registered Agent Name Jesse Kauffman Street Address (P.O. Box Number is Not Acceptable) 6 Holly Court City Homosassa FL Zip Code 34446	
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 <i>Jesse Kauffman</i> <small>Signature, typed or printed name of registered agent and the applicable.</small>		DATE 4/30/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	RA KOSTELNICK, GAIL 2021 NW 13TH ST CRYSTAL RIVER, FL 34428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAUFFMAN, JESSE 6 HOLLY CT HOMOSASSA, FL 34446	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RA/P/T Jesse Kauffman 6 Holly Court Homosassa FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALTON, FELIX 6730 S BEAGLE DR HOMOSASSA, FL 34448	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOSTELNICK, GAIL 2021 NW 13TH ST CRYSTAL RIVER, FL 34428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Anez Moffi 721 Briarwood Terrace DAVIE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, LILLIAN 4457 N AZTEC CIR HERNANDO, FL 34442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Jesse Kauffman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/30/06 Daytime Phone # 352-228-0550	