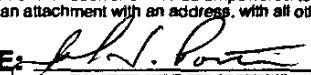


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90077 003 ****61.25

DOCUMENT # N04000005618 1. Entity Name NATURE COAST CIVIL WAR REENACTMENT COMMITTEE, INC.					
Principal Place of Business 8154 W. PINE BLUFF STREET CRYSTAL RIVER, FL 34428 US			Mailing Address 8154 W. PINE BLUFF STREET CRYSTAL RIVER, FL 34428 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-1212871	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PORTER, JOHN L 8154 W. PINE BLUFF STREET CRYSTAL RIVER, FL 34428				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when renestating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	P PETERS, CURTIS R PO BOX 38 INGLIS, FL 34449	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANN, ROBERT S 5011 W. PINTO LOOP BEVERLY HILLS, FL 34465	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D MANN, ROBERT S. 274 PHANTOM LOOP, APT 231 BEVERLY HILLS, FL 34465	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRUNO, MARLENE 8545 NORTH TIBET TERRACE DUNNELLON, FL 34433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PORTER, JOHN L 8154 W. PINE BLUFF STREET CRYSTAL RIVER, FL 34428	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
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: 			JOHN L. PORTER		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4 FEB 05 Daytime Phone # 352-563-2817		