2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State
02-07-2005 90077 003 ****61.25

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1. Entity Name
NATURE COAST CIVIL WAR REENACTMENT COMMITTEE, INC.

Principal Place of Business	Mailing Address
8154 W. PINE BLUFF STREET CRYSTAL RIVER, FL 34428 US	8154 W. PINE BLUFF STREET CRYSTAL RIVER, FL 34428 US

01122005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-1212871 ☐ 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
PORTER, JOHN L 8154 W. PINE BLUFF STREET CRYSTAL RIVER, FL 34428	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: J. L. Porter JOHN L. PORTER 4 FEB 05 352-563-2817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #