

# **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 15, 2006 8:00 am  
Secretary of State**

02-15-2006 90027 003 \*\*\*\*61.25

1. Entity Name <b>NATURE COAST CIVIL WAR REENACTMENT COMMITTEE, INC.</b>			
Principal Place of Business <b>8154 W. PINE BLUFF STREET CRYSTAL RIVER, FL 34428 US</b>		Mailing Address <b>8154 W. PINE BLUFF STREET CRYSTAL RIVER, FL 34428 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent			
<b>PORTER, JOHN L</b> <b>8154 W. PINE BLUFF STREET</b> <b>CRYSTAL RIVER, FL 34428</b>			
<b>Name</b> <b>Street Address</b> <b>City</b>			
5. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<small>(NOTE: Registered Agent signature required)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>6. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>	
7. OFFICERS AND DIRECTORS			
<b>TITLE</b> PD <b>NAME</b> PETERS, CURTIS R <b>STREET ADDRESS</b> PO BOX 38 <b>CITY-ST-ZIP</b> INGLIS, FL 34449		<input type="checkbox"/> Delete	
<b>TITLE</b> VP/D <b>NAME</b> MANN, ROBERT S <b>STREET ADDRESS</b> 274 PHANTOM LOOP APT 231 <b>CITY-ST-ZIP</b> BEVERLY HILLS, FL 34465		<input checked="" type="checkbox"/> Delete	
<b>TITLE</b> S/D <b>NAME</b> BRUNO, MARLENE <b>STREET ADDRESS</b> 8545 NORTH TIBET TERRACE <b>CITY-ST-ZIP</b> DUNNELLON, FL 34433		<input type="checkbox"/> Delete	
<b>TITLE</b> T/D <b>NAME</b> PORTER, JOHN L <b>STREET ADDRESS</b> 8154 W. PINE BLUFF STREET <b>CITY-ST-ZIP</b> CRYSTAL RIVER, FL 34428		<input type="checkbox"/> Delete	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6 changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b>  <b>John L. Porter</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			