2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State

DOCUMENT # N0400005618 1. Entity Name NATURE COAST CIVIL WAR REENACTMENT COMMITTEE, INC.				04-23-2007 90052 044 ****61.25				
	e of Business E BLUFF STREET ER, FL 34428 US	Mailing Address 8154 W. PINE BLUFF S CRYSTAL RIVER, FL 34		LIBERIUL DI CEN)		1511151 	
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04182007 C	hg-NP	CR2E037 (12/06)	1	
City & State		City & State		4. FEI Number 20-12128	71	 -	Applied For Vot Applicable	
Zip	Country	Zip	Country	5. Certificate of S	Status Desired	\$8.75 ^	dditional	
	6. Name and Address of Current R	legistered Agent		7. Name and Ad	dress of New	v Registered Agent		
PORTER JOHN			Name		<u> </u>			
PORTER, JOHN L 8154 W. PINE BLUFF STREET CRYSTAL RIVER, FL 34428			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
	•		City			FL Zip Co	ode	
SIGNATURE .	ions of registered agent,	nd title If applicable. (NOTE	E: Ragistered Agent signatur	ne zers ilred when reinstellivo)		DATE		
				o required mention states,				
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Can Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	FI	Make check payable lorida Department of		
10.	· · · · · · · · · · · · · · · · · · ·	Trust Fund C		\$5.00 May Be Added to Fees			State	
10.	OFFICERS AND DIR	Trust Fund C	Contribution. [\$5.00 May Be Added to Fees ADDITIONS/CHANC	SES TO OFFIC	lorida Department of	State	
	OFFICERS AND DIR. PD PETERS, CURTIS R	Trust Fund (Contribution. [11. TITLE NAME	\$5.00 May Be Added to Fees ADDITIONS/CHANG VPD PEYERS, CURY	SES TO OFFIC	lorida Department of CERS AND DIRECTORS	State	
TITLE NAME STREET ADDRESS	OFFICERS AND DIRI PD PETERS, CURTIS R PO BOX 38	Trust Fund (In the street address of the street address	\$5.00 May Be Added to Fees ADDITIONS/CHANG VPD PEXERS, CURY PO BOK 38	SES TO OFFICE	lorida Department of CERS AND DIRECTORS	State	
TITLE	Due by May 1, 2007 OFFICERS AND DIRI PD PETERS, CURTIS R PO BOX 38 INGLIS, FL 34449	Trust Fund (Ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANC VP D PETERS, CURVI PO BOK 38 INGLIS, FL 3	SES TO OFFICE	lorida Department of CERS AND DIRECTORS	State IN 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2007 OFFICERS AND DIRI PD PETERS, CURTIS R PO BOX 38 INGLIS, FL 34449 VP/D	Trust Fund (Contribution. 11. TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE	\$5.00 May Be Added to Fees ADDITIONS/CHANG VPD PEXERS, CURYT PO BOK 38 INGLIS, FL 3	SES TO OFFICE 5 R. 34449	Iorida Department of CERS AND DIRECTORS Change	State IN 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2007 OFFICERS AND DIRE PD PETERS, CURTIS R PO BOX 38 INGLIS, FL 34449 VP/D MARTIN, HOFFMAN K	Trust Fund C	Ontribution. 11. TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME	\$5.00 May Be Added to Fees ADDITIONS/CHANG VPD FEXTERS, CURVI PO BOK 38 INGLIS, FL 3 PD HOFFMAN, MA	S 4449	Iorida Department of CERS AND DIRECTORS Change	State IN 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2007 OFFICERS AND DIRE PD PETERS, CURTIS R PO BOX 38 INGLIS, FL 34449 VP/D MARTIN, HOFFMAN K 4814 W WOODLAWN ST	Trust Fund C	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANC VPD PETERS, CHRYT PO BOK 38 INGLIS, FL 3 PD HOFFMAN, MA 48/4 W WOOD	S R , 34449 , A A A A A A A A A A A A A A A A A A	DERS AND DIRECTORS Change Change	State IN 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2007 OFFICERS AND DIRE PD PETERS, CURTIS R PO BOX 38 INGLIS, FL 34449 VP/D MARTIN, HOFFMAN K	Trust Fund C	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANG VPD FEXTERS, CURVI PO BOK 38 INGLIS, FL 3 PD HOFFMAN, MA	S R , 34449 , A A A A A A A A A A A A A A A A A A	CERS AND DIRECTORS Change Change	State IN 10 Addition Addition	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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