

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90029 020 ****61.25

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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

DO NOT WRITE IN THIS SPACE

01032008 No Chg-NP CR2E037 (4/06)

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

PORTER, JOHN L
8154 W. PINE BLUFF STREET
CRYSTAL RIVER, FL 34428

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	PETERS, CURTIS R
STREET ADDRESS	PO BOX 38
CITY-ST-ZIP	INGLIS, FL 34449
TITLE	PD
NAME	HOFFMAN, MARTIN K
STREET ADDRESS	4814 W WOODLAWN ST
CITY-ST-ZIP	DUNNELLON, FL 34433
TITLE	S/D
NAME	BRUNO, MARLENE
STREET ADDRESS	8545 NORTH TIBET TERRACE
CITY-ST-ZIP	DUNNELLON, FL 34433
TITLE	T/D
NAME	PORTER, JOHN L
STREET ADDRESS	8154 W. PINE BLUFF STREET
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

John L. Porter
JOHN L. PORTER

6 FEB 08

CELL: 352-634-0029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #