

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000913

FILED  
May 03, 2007  
Secretary of State

Entity Name: NATURE COAST MIDDLE SCHOOL INC

## Current Principal Place of Business:

117 NE 1ST ST  
CHIEFLAND, FL 32626

## New Principal Place of Business:

6830 NW 140TH ST.  
CHIEFLAND, FL 32626

## Current Mailing Address:

P.O. BOX 1056  
% SVEO  
CHIEFLAND, FL 32644

## New Mailing Address:

FEI Number: 20-3093202      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

SUWANNEE VALLEY ED OPT  
117 NE 1ST ST.  
CHIEFLAND, FL 32626      US

## Name and Address of New Registered Agent:

SUWANNEE VALLEY ED OPT  
6830 NW 140TH ST.  
CHIEFLAND, FL 32626      US

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.

SIGNATURE: GEORGE FARROW

05/03/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: CAUDILL, CAMILLE E  
Address: 6590 NW 73RD LN  
City-St-Zip: CHIEFLAND, FL 32626

Title: T ( ) Delete  
Name: ZENNER, ANTHONY  
Address: 521 NE 452 ST  
City-St-Zip: OLD TOWN, FL 32680

Title: VP ( ) Delete  
Name: COLEMAN, MELANIE S  
Address: P.O. BOX 1177  
City-St-Zip: BRONSON, FL 32621

Title: D (X) Delete  
Name: CORNELL, J S DR.  
Address: 1180 SE 768TH ST  
City-St-Zip: OLD TOWN, FL 32680

Title: P (X) Delete  
Name: PICKARD, ZARADA  
Address: 607 NE 1ST ST.  
City-St-Zip: CHIEFLAND, FL 32626

Title: D ( ) Delete  
Name: WILDER, LIANE MS  
Address: 7030 NW 55TH AVE.  
City-St-Zip: CHIEFLAND, FL 32626

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: HORD, ALLISON D  
Address: 9331 NW 120TH ST.  
City-St-Zip: CHIEFLAND, FL 32626

Title: D (X) Change ( ) Addition  
Name: BELL, MICHAEL  
Address: 7270 NW 95TH ST  
City-St-Zip: CHIEFLAND, FL 32626

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLISON HORD

P

05/03/2007

Electronic Signature of Signing Officer or Director

Date