2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N05000000913

Entity Name: NATURE COAST MIDDLE SCHOOL INC

Current Principal Place of Business:

6830 NW 140TH ST.
CHIEFLAND, FL 32626

New Principal Place of Business:

Current Mailing Address:

6830 NW 140TH ST.
CHIEFLAND, FL 32626

New Mailing Address:

FEI Number: 20-3093202 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

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

Title: D ( ) Delete
Name: BELL, MICHAEL
Address: 7270 NW 95TH 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

Title: D ( ) Delete
Name: DARTY, PAM MS
Address: 16450 NW 31ST PLACE
City-St-Zip: CHIEFLAND, FL 32626

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D ( ) Change (X) Addition
Name: PAXSON, MARY L MS
Address: 8791 NW 157TH PL
City-St-Zip: TRENTON, FL 32693

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 04/28/2009

Electronic Signature of Signing Officer or Director — Date