

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004487

FILED
Apr 25, 2009
Secretary of State

Entity Name: THE NATURE CENTER AT THE OUTDOORS, INC.

Current Principal Place of Business:

100-D PLANTATION DR.
TITUSVILLE, FL 32780

New Principal Place of Business:

400 BUTTERFLY COVE
TITUSVILLE, FL 32780

Current Mailing Address:

100-D PLANTATION DR.
TITUSVILLE, FL 32780

New Mailing Address:

400 BUTTERFLY COVE
TITUSVILLE, FL 32780

FEI Number: 26-0134857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOULD, JOHN
248 PLANTATION DR.
TITUSVILLE, FL 32780 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: PD () Delete
Name: JUBA, SANDY
Address: 704 PLANTATION DR..
City-St-Zip: TITUSVILLE, FL 32780

Title: VD () Delete
Name: GROGG, BILL
Address: 658 PLANTATION DR.
City-St-Zip: TITUSVILLE, FL 32780

Title: SD () Delete
Name: ANNE', LORETTA
Address: 450 PLANTATION DR.
City-St-Zip: TITUSVILLE, FL 32780

Title: TD () Delete
Name: BRUBAKER, JIM
Address: 650 PLANTATION DR.
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: CARLSON, TERRY
Address: 464 AMBLESIDE DR.
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: JUBA, SANDY
Address: 704 PLANTATION DR..
City-St-Zip: TITUSVILLE, FL 32780

Title: PD (X) Change () Addition
Name: GROGG, BILL
Address: 658 PLANTATION DR.
City-St-Zip: TITUSVILLE, FL 32780

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: JIM BRUBAKER

TD

04/25/2009

Electronic Signature of Signing Officer or Director

_____ Date