

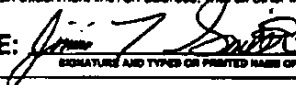
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-26-2007-90045 032 *****70.00
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SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # N06000006762			
1. Entity Name NATURE COAST YOUNG MARINES, INC.			
Principal Place of Business 1293 N GULF AVE CRYSTAL RIVER, FL 34429		Mailing Address 1293 N GULF AVE CRYSTAL RIVER, FL 34429	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 33-1152169		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GALLION, JOY J 1293 N GULF AVE CRYSTAL RIVER, FL 34429		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 fee if applicable. (NOTE: Registered Agent signature required when renewing)			
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Commanding Officer ☐ Delete SMITH, JIMMIE T 6205 E WILLOW STREET INVERNESS, FL 34450	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Executive officer ☐ Delete KNUDSEN, CARL C III 12025 W APPLETREE PLACE CRYSTAL RIVER, FL 34428	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Adjutant ☐ Delete GALLION, JOY J 1293 N GULF AVE CRYSTAL RIVER, FL 34429	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUGGETT, BONNIE J ☒ Delete 480 E KNIGHTSBRIDGE PLACE LECANTO, FL 34461	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Paymaster ☐ Change ☒ Addition GAIL BURRMANN 4239 South Brian Point Homesassa, Florida 34446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, KYMM A ☒ Delete 6170 E TANGELO LANE INVERNESS, FL 34452	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Support Staff ☐ Change ☒ Addition Shirley M. Atwood 2903 West Reagan Street Inverness, Florida 34453
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition B4/16/07
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:  (CR# 1475 870)		03/15/07 726-2480	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	