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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000006762

1. Entity Name
NATURE COAST YOUNG MARINES, INC.

Principal Place of Business	Mailing Address
1293 N GULF AVE CRYSTAL RIVER, FL 34429	1293 N GULF AVE CRYSTAL RIVER, FL 34429

03142007 Chg-NP CR2E037 (12/06)

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	7. Name and Address of New Registered Agent
GALLION, JOY J 1293 N GULF AVE CRYSTAL RIVER, FL 34429	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 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 SMITH, JIMMIE T 6205 E WILLOW STREET INVERNESS, FL 34450	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Executive Officer KNUDSEN, CARL C III 12025 W APPLETREE PLACE CRYSTAL RIVER, FL 34428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Adjutant GALLION, JOY J 1293 N GULF AVE CRYSTAL RIVER, FL 34429	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUGGETT, BONNIE J 480 E KNIGHTSBRIDGE PLACE LECANTO, FL 34461	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Paymaster GAIL BURRMANN 4239 South Brian Point Homosassa, Florida 34446	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, KYMM A 5170 E TANGELO LANE INVERNESS, FL 34452	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Support Staff Shirley M. Atwood 2903 West Reagan Street Inverness, Florida 34453	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 4/16/07	☐ Change ☐ Addition

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: [signature] (CK# 1475 $70) 03/15/07 726-2480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #