

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 10, 2008
Secretary of State

DOCUMENT# N06000006762

Entity Name: NATURE COAST YOUNG MARINES, INC.**Current Principal Place of Business:**1293 N GULF AVE
CRYSTAL RIVER, FL 34429**New Principal Place of Business:**12025 W APPLETREE PL
CRYSTAL RIVER, FL 34428**Current Mailing Address:**1293 N GULF AVE
CRYSTAL RIVER, FL 34429**New Mailing Address:**12025 W APPLETREE PL
CRYSTAL RIVER, FL 34428**FEI Number:** 33-1152169**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GALLION, JOY J
1293 N GULF AVE
CRYSTAL RIVER, FL 34429 US**Name and Address of New Registered Agent:**KNUDSEN, CARL C III
12025 W APPLETREE PL
CRYSTAL RIVER, FL 34428 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: CARL C KNUDSEN III

10/10/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CO () Delete
Name: SMITH, JIMMIE T
Address: 6205 E WILLOW STREET
City-St-Zip: INVERNESS, FL 34450

Title: PM () Delete
Name: KNUDSEN, CARL C III
Address: 12025 W APPLETREE PLACE
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: A () Delete
Name: GALLION, JOY J
Address: 1293 N GULF AVE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: SS (X) Delete
Name: ATWOOD, SHIRLEY M
Address: 2903 WEST REAGAN STREET
City-St-Zip: INVERNESS, FL 34453

Title: EO (X) Delete
Name: WALKER, SHARON
Address: 211 NORTH MESQUITE PLACE
City-St-Zip: LECANTO, FL 34461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CO (X) Change () Addition
Name: TYLER, RUSSELL A
Address: 6680 W BERRIGAN CT
City-St-Zip: HOMOSASSA, FL 34446

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

Title: ADJ (X) Change () Addition
Name: TYLER, JANICE C
Address: 6680 W BERRIGAN CT
City-St-Zip: HOMOSASSA, FL 34446

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: CARL C KNUDSEN III

MR

10/10/2008

Electronic Signature of Signing Officer or Director

Date