

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 24, 2009
Secretary of State**

DOCUMENT# N06000007659

Entity Name: NATURE COAST LAW ENFORCEMENT FOUNDATION, INC.

Current Principal Place of Business:

9150 NE 80TH AVE.
BRONSON, FL 32621

New Principal Place of Business:

Current Mailing Address:

9150 NE 80TH AVE.
BRONSON, FL 32621

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FINEN, SCOTT
9150 NE 80TH AVE.
BRONSON, FL 32621 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: DIR () Delete
Name: SMITH, JOHNNY
Address: 9150 NE 80TH AVE.
City-St-Zip: BRONSON, FL 32621

Title: DIR () Delete
Name: DOUGLAS, ROBERT
Address: 14 E. PARK AVE.
City-St-Zip: CHIEFLAND, FL 32626

Title: DIR () Delete
Name: DAVIS, DAN
Address: 5 SW 1ST AVE.
City-St-Zip: WILLISTON, FL 32696

Title: DIR () Delete
Name: FINNEN, SCOTT
Address: 9150 NE 80TH AVE.
City-St-Zip: BRONSON, FL 32621

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:

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: SCOTT FINNEN

Electronic Signature of Signing Officer or Director

DIR

06/24/2009

_____ Date