

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007819

FILED
Jan 07, 2007
Secretary of State

Entity Name: NATURE COAST HUMAN RESOURCES SOCIETY, INC.

Current Principal Place of Business:

PO BOX 6787
SPRING HILL, FL 34611

New Principal Place of Business:

Current Mailing Address:

PO BOX 6787
SPRING HILL, FL 34611

New Mailing Address:

FEI Number: 20-2647475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOOPER, CARLA
23363 JACOBSON RD
BROOKSVILLE, FL 34601 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: P () Delete
Name: BALDWIN, PAMELA
Address: 10481 SHEFFIELD RD
City-St-Zip: SPRING HILL, FL 34608

Title: V () Delete
Name: BURGHER, DON T
Address: 20116 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34601

Title: ST () Delete
Name: LOOPER, CARLA
Address: 23363 JACOBSON RD
City-St-Zip: BROOKSVILLE, FL 34601

Title: D () Delete
Name: CAMPO, LINDA
Address: 10461 QUALITY DR
City-St-Zip: SPRING HILL, FL 34609

Title: D () Delete
Name: KORBUS, JUDY
Address: 20 N MAIN ST
City-St-Zip: BROOKSVILLE, FL 34601

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PAMELA M BALDWIN

P

01/07/2007

Electronic Signature of Signing Officer or Director

Date