

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007888

FILED
Jan 08, 2009
Secretary of State

Entity Name: NATURE COAST FRIENDS OF BLUES, INC.

Current Principal Place of Business:

4784 W FOXHILL LANE
HOMOSASSA, FL 34446

New Principal Place of Business:

Current Mailing Address:

4784 W FOXHILL LANE
HOMOSASSA, FL 34446

New Mailing Address:

FEI Number: 26-0712459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARDY, JOHN S III
521 W FORT ISLAND TRAIL
SUITE A
CRYSTAL RIVER, FL 34429 US

Name and Address of New Registered Agent:

CLARDY, JOHN S III
243 NE 7TH STREET
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: _____

01/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MITCHELL, SUSAN
Address: 4784 W FOXHILL LANE
City-St-Zip: HOMOSASSA, FL 34446

Title: D () Delete
Name: IHLE, ROB
Address: 3202 S LEE WAY
City-St-Zip: HOMOSASSA, FL 34448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MITCHELL, SUSAN L
Address: 4784 W FOXHILL LANE
City-St-Zip: HOMOSASSA, FL 34446

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: SUSAN L. MITCHELL

D

01/08/2009

Electronic Signature of Signing Officer or Director

Date