2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000010672

1. Entity Name

NATÚRE COAST FAMILY FELLOWSHIP, INC.



FILED Jan 24, 2008 8:00 am Secretary of State

01-24-2008 90026 005 ****70.00

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Principal Place of Business 3760 FLORAMAR TERRACE NEW PORT RICHEY, FL 34652			Mailing Address 3760 FLORAMAR TERRACE NEW PORT RICHEY, FL 34652						11	8		ENA SIMI ISSIA I	11 1101 11 11 11
2. Principal P		ness - No P.O. Box #	3. Mailing /		19 N	,							
Suite, Apt. #, etc. Suite # /			Suite, Apt. #, etc.					01132008	Chg-N	IP	CR2E0	37 (12/06)	
City & State Hudson FL			City & State Hudson FL					1 22 1/1/p./2				pplied For lot Applicable	
Zip Country 34667 PASCO		Zip Co			ountry 7540		5. Certificate of Status Desire			d \$8.75 Additional Fee Required			
6. Name and Address of Current Registe					1		,	7. Name and	Address	of New Reg	gistered	Agent	
	TO					Name		40 T.	Alm	040			
ALMOND, THOMAS J 3760 FLORAMAR TERRACE				-			eet Address (P.O. Box Number is Not Acceptable) 1832 US Hwy 19 N Suite #1						
NEW PORT RICHEY, FL 34652				<u> </u>			3.2	<u>05 /46</u>	· Y /	<u> </u>	30	te Al	<u> </u>
				City			udso.			<u> </u>	FL	Zip Coo	de 467
		ty submits this statement fo	r the purpose	of changing	its registe				th, in the S	State of Flore	da. Lam	familiar with	, and accept
the obligat	tions of regis	tered agent.									/	1	
SIGNATURE Montes om I have lastor											'/1	20/8	
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable			red Agent signat	ure required	when reinstating)			DATE		
	#7117 #* -	¢5.00		Mai	ka chac	k payable	to						
Filing Fee is \$61.25 9. Election Campaign Due by May 1, 2008 Trust Fund Contribution													
	_		,			_		\$5.00 May E Added to Fees				rtment of S	
10.	_					ution.				Florid	la Depa	rtment of S	State
10.	_	May 1, 2008			d Contribu	ution.		Added to Fees		Florid	la Depa	rtment of S	State
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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 A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/8

127-271-2078

Daytime Phone #