


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N07000010672 1. Entity Name NATURE COAST FAMILY FELLOWSHIP, INC.					
Principal Place of Business 3760 FLORAMAR TERRACE NEW PORT RICHEY, FL 34652				Mailing Address 3760 FLORAMAR TERRACE NEW PORT RICHEY, FL 34652	
2. Principal Place of Business - No P.O. Box # 14832 US 19 N		3. Mailing Address 14832 US 19 N			
Suite, Apt. #, etc. Suite #1		Suite, Apt. #, etc. Suite #1			
City & State Hudson, FL		City & State Hudson, FL			
Zip 34667		Country PASCO		Zip 34667	
Country PASCO		Country PASCO			
6. Name and Address of Current Registered Agent ALMOND, THOMAS J 3760 FLORAMAR TERRACE NEW PORT RICHEY, FL 34652				7. Name and Address of New Registered Agent Name THOMAS J. ALMOND Street Address (P.O. Box Number is Not Acceptable) 14832 US Hwy 19 N Suite #1 City Hudson FL Zip Code 34667	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Thomas J. Almond</i> pastor DATE: 1/20/8 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALMOND, THOMAS J 3760 FLORAMAR TERRACE NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEATTY, ARTHUR 3760 FLORAMAR TERRACE NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TH Beatty 2115 New Azura Rd Spring Hill, FL 34608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T/S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT CONIGLINONE, SANDRA J 3760 FLORAMAR TERRACE NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sandra Coniglionone 8151 Tartan Way Trinity, FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition AT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Thomas J. Almond* **THOMAS J. ALMOND**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/8 727-271-2078
Date Daytime Phone #