2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010672

FILED Jan 14, 2012 Secretary of State

Entity Name: NATURE COAST FAMILY FELLOWSHIP, INC.

Current Principal Place of Business: New Principal Place of Business:

14832 US 19 N STE 4 16547 US 19 N

HUDSON, FL 34667 #101 HUDSON, FL 34667

Current Mailing Address: New Mailing Address:

14832 US 19 N STE 4 16547 US 19 N

HUDSON, FL 34667 #101 HUDSON, FL 34667 UN

FEI Number: 26-1344843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALMOND, THOMAS J 7467 GATES CIRCLE

SPRING HILL, FL 34606 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: ALMOND, THOMAS J Address: 7467 GATES CIRCLE City-St-Zip: SPRING HILL, FL 34606

Title: S

 Name:
 BEATTY, ARTHUR

 Address:
 504 CRESSIDA CIR

 City-St-Zip:
 SPRING HILL, FL 34609

Title: BM

Name: CONIGLINONE, SANDRA J Address: 8151 TANTALLON WAY City-St-Zip: TRINITY, FL 34655

Title: T

Name: JOANNE, HRUBY

Address: 7808 LAKESIDE WOODLANDS DR.

City-St-Zip: HUDSON, FL 34667 UN

Title: AT

Name: MARY ANN, ENSOR Address: 13321 SUNFISH DR. City-St-Zip: HUDSON, FL 34667 UN

Title: BM

Name: GOLDING, DILLARD
Address: 8195 WOODEN DR.
City-St-Zip: SPRING HILL, FL 34606

I hereby 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 all other like empowered.

SIGNATURE: THOMAS J ALMOND P 01/14/2012