2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004349

Entity Name: NATURE COAST MINISTRIES, INC.

FILED Apr 14, 2009 Secretary of State

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

838 N. CITRUS AVENUE 109 CRYSTAL STREET CRYSTAL RIVER, FL 34428 CRYSTAL RIVER, FL 34423

Current Mailing Address: New Mailing Address:

838 N. CITRUS AVENUE P.O. BOX 2499

CRYSTAL RIVER, FL 34428 CRYSTAL RIVER, FL 34423

FEI Number: 26-2462410 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

BENJAMIN, WILLIAM
838 N. CITRUS AVENUE
CRYSTAL RIVER, FL 34428 US
BENJAMIN, WILLIAM
109 CRYSTAL STREET
CRYSTAL RIVER, FL 34423 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: WILLIAM BENJAMIN 04/14/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 P (X) Change () Addition

 Name:
 MONROE, ARNOLD J
 Name:
 MONROE, ARNOLD J

 Address:
 5980 W. WOODSIDE DRIVE
 Address:
 5980 W. WOODSIDE DRIVE

Address: 5980 W. WOODSIDE DRIVE Address: 5980 W. WOODSIDE DRIVE
City-St-Zip: CRYSTAL RIVER, FL 34429 City-St-Zip: CRYSTAL RIVER, FL 34429

 Name:
 MARTIN, C. STEPHEN
 Name:
 MARTIN, C. STEPHEN

 Address:
 1517 N. ENDICOTT PT.
 Address:
 1517 N. ENDICOTT PT.

 City-St-Zip:
 CRYSTAL RIVER, FL 34429
 City-St-Zip:
 CRYSTAL RIVER, FL 34429

Title: SD () Delete Title: S (X) Change () Addition Name: VAN NESS, PATRICIA A Name: VAN NESS, PATRICIA A

Name: VAN NESS, PATRICIA A
Address: 9779 N. CAVEWOOD AVENUE
City-St-Zip: CRYSTAL RIVER, FL 34428
Address: VAN NESS, PATRICIA A
Address: 9779 N. CAVEWOOD AVENUE
City-St-Zip: CRYSTAL RIVER, FL 34428
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: TD () Delete Title: T (X) Change () Addition

Name:MCTARNAGHAN, DONName:MCTARNAGHAN, DONAddress:7267 EAST OAK ISLE DRIVEAddress:7267 EAST OAK ISLE DRIVECity-St-Zip:INVERNESS, FL 34450City-St-Zip:INVERNESS, FL 34450

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: WILLIAM BENJAMIN D 04/14/2009