FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005320 (7)

1. Corporation Name
NATURE COAST SERTOMA CLUB, INC.

000001863350
-06/17/96--01024--014

Principal Place of Business	Mailing Address
PO BOX 2077 CRYSTAL RIVER FL 34423 US	PO BOX 2077 CRYSTAL RIVER FL 34423 US

3. Date Incorporated or Qualified: 11/23/1993
3a. Date of Last Report: 06/20/1995

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-3195319 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LLOYD, MARIAN
4049 N SUNDANCE PT.
CRYSTAL RIVER FL 34428

10. Name and Address of New Registered Agent

81 Name: Marian M. Nosal-Lloyd
82 Street Address (P.O. Box Number is Not Acceptable): 4049 N Sundance Pt
83
84 City: Crystal River FL 85 Zip Code: 34428

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Marian M Nosal-Lloyd 4/25/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FISCHER, MICHELLE 4 NORTH COURT BEVERLY HILL FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D ~~President (P)~~ (D) Doris Fleming ~~P.O. Box 4135~~ 11990 S. Williams St #6 Dunnellon Fl ~~34423~~ 34432	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAFELE, MIRIAM 410 S WOLFE POINT LECANTO FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	S Secretary (S) Linda Garrett 3898 N. Eagle Pt. Crystal River Fl 34428	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLAFFEY, KATHY 11990 S WILLIAMS ST. #6 DUNNELLON FL 34432	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	V Vice President (V) Eva Brumfield 21920 Rainbow Lakes Blvd. Dunnellon Fl 34431	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STANLEY, PAM 451 N BRIARCREEK PT. CRYSTAL RIVER FK 34429	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	~~Secretary Miriam Krapf (S)~~ (D) D MIRIAM KRAPF 105 N Hedrick Ave. Lecanto Fl 34461	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAPMAN, DARLENE 9551 N BUNKER WAY CITRUS SPRINGS FL	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	C Kathy Claffey (C) 11990 S. Williams St #6 Dunnellon Fl 34432	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRIS, CHERI L 13000 JACELYN WAY SPRING HILL FL	☒ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D DIRECTOR (D) MARIAN NOSAL-LLOYD 4049 N SUNDANCE PT CRYSTAL RIVER FL 34428	☐ Change ☒ Addition

05-01-96 OR

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marian M Nosal-Lloyd Marian M. Nosal-Lloyd 4/25/96 (352)563-6561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #