


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90072 040 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000005320					
1. Corporation Name NATURE COAST SERTOMA CLUB, INC.					
Principal Place of Business PO BOX 2077 CRYSTAL RIVER FL 34423 US			Mailing Address PO BOX 2077 CRYSTAL RIVER FL 34423 US		

95082 90072 40 2



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/23/1993	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3195319		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	29	30		

9. Name and Address of Current Registered Agent NOSAL-LLOYD, MARIAN 4049 N SUNDANCE PT. CRYSTAL RIVER FL 34428				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				FL	85 Zip Code

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

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	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWNELL, DORIS			1.2 NAME			
STREET ADDRESS	PO BOX 1435 N/A			1.3 STREET ADDRESS			
CITY-ST-ZIP	DUNNELLON FL			1.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GARRETT, LINDA			2.2 NAME	Gilroy, Linda		
STREET ADDRESS	3713 N SUWNNEE PT			2.3 STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER FL 34428			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BASKIN, ROBIN			3.2 NAME			
STREET ADDRESS	5602 WEST STATE ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	HOMOSASSA FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZANE, ELLEN			4.2 NAME			
STREET ADDRESS	6715 NORTH DELTONA BLVD			4.3 STREET ADDRESS			
CITY-ST-ZIP	CITRUS SPRINGS FL			4.4 CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLAFFEY, KATHY			5.2 NAME			
STREET ADDRESS	11990 S. WILLIAMS ST. #6			5.3 STREET ADDRESS			
CITY-ST-ZIP	DUNNELLON FL 34432			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NOSAL-LLOYD, MARIAN			6.2 NAME			
STREET ADDRESS	4049 N. SUNDANCE PT.			6.3 STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER FL 34428			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)