FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sanora B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT # N9400000 4916 (2)

Florida's Nature Coast Coalition, Inc.

Principal Place of Business

Mailing Address

APPROVEU AMO FILEO

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296 Commissary Road P O Box 100 Otter Creek, FL 32683 Otter Creek, FL 32683			*****61.25 ******61.25		
•			3. Date incorporated or Qualified	3a. Date of Last Report	
				10-04-94	4-27-95
Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21 296 Commissary Road 26 P O Box 100				(Temp) 59-2997628 Not Applicable	
Suite. Apt #. etc Suite Apt #. etc n/a 27 n/a				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Otter Creek, FL	C ty & State 28 Otter Creek, FL		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 24 32683 25 Levy	Zip	untry Lev	737	This corporation has liability for in Florida Statutes	ntangible tax under s 199 032, Yes No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
George Sandora 296 Commissary Road - Box 100 Otter Creek, FL 32683		81	Name		•
		82	82 Street Address (P.O. Box Number is Not Acceptable)		
		83		ı	
		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					

(NOTE: Registered Agent signature required when relestating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 11 TILLE P/D D/S 1.2 NAME Hal Robinson George Sandora P O Box 100, NA Otter Creek, FL 32683 STREET ADDRESS 1 3 STREET ADDRESS P O Box 5876 Spring Hill, FL 34606 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE 2 1 THTLE NAME 2.2 NAME Terrence Hitt Rod Bennett P O Box 598, NA
Crawfordville, FL 32326 STREET ADDRESS 2.3 STREET ADDRESS 8950 SW Couty Road 347 Cedar Key, FL 32625 CITY - ST - ZIP 2 4 C TY-ST-7)P DILE 3 1 TITLE Addition D/S/T NAME 3.2 NAME Sheree Monroe Dean Fowler P O Box 789 / W/Y Steinhatchee, FL Sheree Monroe
P O Box 1408, N/A
Crystal River, FL 34423 STREET ADDRESS 3.3 STREET ADDRESS CITY ST ZIP 34 CITY-ST ZIP TIFLE 4 I TITLE NAME 4 2 NAME Bill Miller STREET ADDRESS 4.3 STREET ADDRESS P O Box 280NA CITY - ST - ZIP 4.4 CITY - ST - ZIP Suwannee, FL 32692 TITLE DELETE Change Addition | 5.1 TITLE NAME 5 2 NAME Janice Schlaich STREET ADDRESS 5.3 STREET ADDRESS Dade Aye e, FL 34601 Change City - ST - ZIP 5 4 CHTY - ST - ZIP TITLE DELETE 6 1 TITLE 62 NAME Phyllis Smith 37908 Meridian Ave STREET ADDRESS 63 STHEET ADDRESS

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 eath, that have 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 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 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 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 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 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes.

SIGNATURE

George Sandora, Secretary 8-23-96 (352)486-3006
OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

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