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

FILED
96 AUG 26 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004916

1. Corporation Name
Florida's Nature Coast Coalition
28 NW Highway 19
Crystal River, FL. 34429

900001993475
-08/28/96--01057--002
*****70.00 *****70.00

Principal Place of Business
28 NW Hwy 19
Crystal River, Fl.
34429

Mailing Address SAME

3. Date Incorporated or Qualified: Oct 4, 1994	3a. Date of Last Report: May 1995
4. FEI Number: 59-2997628	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	

2. Principal Place of Business
21 28 NW Hwy 19
22 Suite, Apt. # etc. Crystal River
23 City & State FL
24 Zip 34429 25 Country Citrus

2a. Mailing Address
26 28 NW Hwy 19
27 Suite, Apt. # etc. Crystal River
28 City & State FL.
29 Zip 34429 30 Country Citrus

9. Name and Address of Current Registered Agent
Sheree Monroe
28 NW Hwy 19
Crystal River, Fl. 34429

10. Name and Address of New Registered Agent
81 Name George Sandora
82 Street Address (P.O. Box Number is Not Acceptable) 296 S.W. Commissary Road
83
84 City Otter Creek FL 85 Zip Code 32683

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Hal Robinson P.O. Box 5876 Spring Hill, FL. 34606	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Terrance Hitt P.O. Box 610 Cedar Key, FL. 32625	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sheree Monroe 28 NW Hwy. 19 Crystal River, FL. 34429	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Dale Brown 1624 N. Meadow Crest Blvd Crystal River 34429	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRESIDENT PENNY LOFTON 20500 E. Pennsylvania Ave. Dunnellon, FL. 34432	☐ Change ☒ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VICE PRESIDENT Sheree Monroe 28 NW Hwy 19 Crystal River, FL. 34429	☒ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Treasurer Janice Schlaich 101 E. Ft. Dade Ave Brooksville, FL. 34601	☐ Change ☒ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	Secretary George Sandora P.O. Box 1121 Bronson, Fl. 32621	☐ Change ☒ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	Director Bill Miller P.O. Box 518 N/A Old Town, FL. 32680	☐ Change ☒ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	Phyllis Smith Director 37908 Meridian Ave. Dade City, FL. 33525	☐ Change ☒ Addition

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: Penny Lofton PENNY LOFTON Aug 15, 1996 352-489-2320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #