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Jul 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004916 (2)**
1. Corporation Name

FLORIDA'S NATURE COAST COALITION, INC.



Principal Place of Business 28 N.W. HIGHWAY 19 CRYSTAL RIVER FL 34429	Mailing Address 28 N.W. HIGHWAY 19 CRYSTAL RIVER FL 34429
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3. Date Incorporated or Qualified 10/04/1994	3a. Date of Last Report 08/23/1996
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2. Principal Place of Business 21 428 No. Jefferson St.	2a. Mailing Address 26 Post Office Box 892	4. FEI Number 59-2997628	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 Perry, Florida 32347	City & State 28 Perry, FL 32348-0892	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 32347	Country 25 USA	Zip 29 32348	Country 30 USA

9. Name and Address of Current Registered Agent

**SANDORA, GEORGE
296 S.W. COMMISSARY ROAD
OTTER CREEK FL 32683-0100**

10. Name and Address of New Registered Agent

81 Name Mr. Dale Bowen
82 Street Address (P.O. Box Number is Not Acceptable) 1624 No. MeadowCrest Boulevard
83
84 City Crystal River
85 Zip Code FL 34429

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 *Dale Bowen* **6/25/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	LOFTON, PENNY	1.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME Deming, William M.	
STREET ADDRESS 20500 E. PENNSYLVANIA AVENUE		1.3 STREET ADDRESS 615 North Jefferson Street	
CITY-ST-ZIP DUNNELLON FL 34432		1.4 CITY-ST-ZIP Perry, Florida 32347-2513	
TITLE VS	MONROE, SHEREE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS 28 NW HWY 19		2.3 STREET ADDRESS	
CITY-ST-ZIP CRYSTAL RIVER FL 34429		2.4 CITY-ST-ZIP	
TITLE T	SCHLAICH, JANICE	3.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME Schlauch, Janice	
STREET ADDRESS 101 E. FT. DADE AVE		3.3 STREET ADDRESS Brooksville, Florida 34601	
CITY-ST-ZIP BROOKSVILLE FL 34601		3.4 CITY-ST-ZIP	
TITLE D	MILLER, BILL	4.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME Miller, Bill	
STREET ADDRESS P.O. BOX 518 N/A		4.3 STREET ADDRESS Post Office Box 518	
CITY-ST-ZIP OLD TOWN FL 32680		4.4 CITY-ST-ZIP Oldtown, Florida 32680	
TITLE D	SMITH, PHYLLIS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS 37908 MERIDIAN AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP DADE CITY FL 33525		5.4 CITY-ST-ZIP	
TITLE D	BROWN, DALE	6.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME Brown, Dale	
STREET ADDRESS 1624 N. MEADOW CREST BLVD.		6.3 STREET ADDRESS 1624 No. Meadow Crest Blvd	
CITY-ST-ZIP CRYSTAL RIVER FL 34429		6.4 CITY-ST-ZIP Crystal River, Florida 34429	

14. I do 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.

CR2E037 (9/96)