

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N94000004916 (2)**

1. Corporation Name

FLORIDA'S NATURE COAST COALITION, INC.

Principal Place of Business

Mailing Address

428 N JEFFERSON ST
PERRY FL 32347
US

PO BOX 892
PERRY FL 32348-0892
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOWEN, DALE MR
1624 N MEADOWCREST BLVD
CRYSTAL RIVER FL 34429

81 Name **William M. Deming**
82 Street Address (P.O. Box Number is Not Acceptable)
428 North Jefferson Street
83 **Post Office Box 892**
84 City **Perry** FL 85 Zip Code **32348-0892**

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

William M. Deming

William M. Deming

January 6, 1998

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DEMING, WILLIAM M	
STREET ADDRESS	615 N JEFFERSON ST	
CITY-ST-ZIP	PERRY FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHLAICH, JANICE	
STREET ADDRESS	101 E. FT. DADE AVE	
CITY-ST-ZIP	BROOKSVILLE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, BILL	
STREET ADDRESS	P.O. BOX 518 N/A	
CITY-ST-ZIP	OLD TOWN FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, DALE	
STREET ADDRESS	1624 N. MEADOW CREST BLVD.	
CITY-ST-ZIP	CRYSTAL RIVER FL	

TITLE	D	<input checked="" type="checkbox"/> ADD
NAME	Noel Sams	
STREET ADDRESS	10355 Paradise Blvd., #209	
CITY-ST-ZIP	Treasure Island, FL 33706	

TITLE	D	<input checked="" type="checkbox"/> ADD
NAME	Keele, Jane	
STREET ADDRESS	20760 River Drive	
CITY-ST-ZIP	Dunnellon, FL 34431	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Deming, William M.	
1.3 STREET ADDRESS	615 No. Jefferson Street	
1.4 CITY-ST-ZIP	Perry, FL 32347-2513	

2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bowen, Dale	
2.3 STREET ADDRESS	1624 No. Meadowcrest Blvd.	
2.4 CITY-ST-ZIP	Crystal River, FL 34429	

3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Pomeroy, Carol	
3.3 STREET ADDRESS	17 North Main St.	
3.4 CITY-ST-ZIP	Chiefland, FL 32644-1397	

4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Rupe, Sue	
4.3 STREET ADDRESS	20 North Main St. Rm 461	
4.4 CITY-ST-ZIP	Brooksville, FL 34601	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Phyllis S. Smith	
5.3 STREET ADDRESS	38035 Meridian Avenue	
5.4 CITY-ST-ZIP	Dade City, FL 33525-3813	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Doughtery, Susan	
6.3 STREET ADDRESS	4150 So. Suncoast Blvd.	
6.4 CITY-ST-ZIP	Homosassa, FL 34446	

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.

SIGNATURE:

William M. Deming
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William M. Deming 1/6/98 850/ 584-5366

Date

Daytime Phone # 0000143

CR2E037 (10/97)