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**May 10, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000004916**

1. Corporation Name

**FLORIDA'S NATURE COAST COALITION, INC.**

Principal Place of Business

428 N JEFFERSON ST  
PERRY FL 32347  
US

Mailing Address

PO BOX 892  
PERRY FL 32348-0892  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/04/1994

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

9. Name and Address of Current Registered Agent

DEMING, WILLIAM M  
428 NORTH JEFFERSON STREET  
POST OFFICE BOX 892  
PERRY FL 32348

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

TITLE P  
NAME DEMING, WILLIAM M  
STREET ADDRESS 615 N JEFFERSON ST  
CITY-ST-ZIP PERRY FL 32347

TITLE V  
NAME BOWEN, DALE  
STREET ADDRESS 1624 NO. MEADOWCREST BLVD.  
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE D  
NAME MILLER, BILL  
STREET ADDRESS P.O. BOX 518 N/A  
CITY-ST-ZIP OLD TOWN FL

TITLE D  
NAME BROWN, DALE  
STREET ADDRESS 1624 N. MEADOW CREST BLVD.  
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE D  
NAME SAMS, NOEL  
STREET ADDRESS 10355 PARADISE BLVD., #209  
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE D  
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 T  
1.2 NAME Deming, William M.  
1.3 STREET ADDRESS 615 N Jefferson St  
1.4 CITY-ST-ZIP Perry, FL 32347

2.1 TITLE D  
2.2 NAME Bowen, Dale  
2.3 STREET ADDRESS 1624 N. Meadow Crest Blvd.  
2.4 CITY-ST-ZIP Crystal River, FL 34429

3.1 TITLE P  
3.2 NAME Craven, Mary  
3.3 STREET ADDRESS 3600 W. Sovereign Path # 114  
3.4 CITY-ST-ZIP Lecanto, FL 34461-7727

4.1 TITLE D  
4.2 NAME Miller, Shrader  
4.3 STREET ADDRESS P.O. Box 610  
4.4 CITY-ST-ZIP Cedar Key, FL 32625

5.1 TITLE V  
5.2 NAME Rupe, Susan  
5.3 STREET ADDRESS 16110 Aviation Loop Drive  
5.4 CITY-ST-ZIP Springhill, FL 34609

6.1 TITLE S  
6.2 NAME Keele, Jane  
6.3 STREET ADDRESS 20760 River Drive  
6.4 CITY-ST-ZIP Dunnellon, FL 34431

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

4-29-99 800-257-8881  
Date Daytime Phone #

CR2E037 (11/98)