

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004916

FILED
Mar 16, 2004
Secretary of State**Entity Name:** FLORIDA'S NATURE COAST COALITION, INC.**Current Principal Place of Business:**16110 AVIATION LOOP DR
SPRING HILL, FL 34609 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 850
CEDAR KEY, FL 32625 US**New Mailing Address:**6130 5TH AVE.
ZEPHYRHILLS, FL 33542 US**FEI Number:** 59-2997628**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MCDUFFIE, CLIFF
6130 17TH ST
PO BOX 850
CEDAR KEY, FL 32625 US**Name and Address of New Registered Agent:**MCDUFFIE, WELBOURNE C
6130 17TH ST
ZEPHYRHILLS, FL 33542 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: W. CLIFF MCDUFFIE

03/16/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MCDUFFIE, CLIFF
Address: 6130 17TH ST
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: VP () Delete
Name: CARDONA, LANNIE
Address: PO BOX 1112
City-St-Zip: BRONSON, FL 32621

Title: D () Delete
Name: CRAVEN, MARY
Address: 3600 SOVEREIGN PATH #114
City-St-Zip: LECANTO, FL 344617727

Title: P () Delete
Name: RUPE, SUE
Address: 16110 AVIATION LOOP DR
City-St-Zip: SPRINGHILL, FL 34609

Title: D () Delete
Name: SAMS, NOEL
Address: 10355 PARADISE BLVD., #209
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D () Delete
Name: KEELE, JANE
Address: 20760 RIVER DRIVE
City-St-Zip: DUNNELLON, FL 34431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: CARDONA, LANNIE
Address: PO BOX 1112
City-St-Zip: BRONSON, FL 32621

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RUPE, SUE
Address: 16110 AVIATION LOOP DR
City-St-Zip: SPRINGHILL, FL 34609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. CLIFF MCDUFFIE

TD

03/16/2004

Electronic Signature of Signing Officer or Director

Date