


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90271 047 \*\*\*\*61.25

**DOCUMENT # N94000004916**

1. Entity Name  
**FLORIDA'S NATURE COAST COALITION, INC.**



Principal Place of Business      Mailing Address

**16110 AVIATION LOOP DR  
SPRING HILL FL 34609  
US**

**PO BOX 850  
CEDAR KEY FL 32625  
US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-2997628**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**MILLER, SHRADER  
490 DOCK ST  
PO BOX 850  
CEDAR KEY FL 32625**

**7. Name and Address of New Registered Agent**

Name **W. Cliff McDuffie**

Street Address (P.O. Box Number is Not Acceptable)  
**6130 17th St.**

City **Zephyrhills**      FL      Zip Code **33542**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *W. Cliff McDuffie*      **W. Cliff McDuffie**      **4/16/03**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MILLER, SHRADER</b>	
STREET ADDRESS	<b>PO BOX 850 490 DOCK ST</b>	
CITY-ST-ZIP	<b>CEDAR KEY FL 32625</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BOWEN, DALE</b>	
STREET ADDRESS	<b>1624 NO. MEADOWCREST BLVD.</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL 34429</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>RAVEN, MARY</b>	
STREET ADDRESS	<b>3600 SOVEREIGN PATH #114</b>	
CITY-ST-ZIP	<b>LECANTO FL 34461-7727</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>RUPE, SUE</b>	
STREET ADDRESS	<b>16110 AVIATION LOOP DR</b>	
CITY-ST-ZIP	<b>SPRINGHILL FL 34609</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SAMS, NOEL</b>	
STREET ADDRESS	<b>10355 PARADISE BLVD., #209</b>	
CITY-ST-ZIP	<b>TREASURE ISLAND FL 33706</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KEELE, JANE</b>	
STREET ADDRESS	<b>20760 RIVER DRIVE</b>	
CITY-ST-ZIP	<b>DUNNELLON FL 34431</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>W. Cliff McDuffie</b>	
STREET ADDRESS	<b>6130 17th St</b>	
CITY-ST-ZIP	<b>Zephyrhills, FL 33542</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lannie Cardona</b>	
STREET ADDRESS	<b>PO Box 1112</b>	
CITY-ST-ZIP	<b>Bronson, FL 32621-1112</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *W. Cliff McDuffie*      **W. Cliff McDuffie**      **4/15/03**      **813.782.1913**

CR2E037 (10/02)