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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DiVISION OF CORPORATIONS

\_\_\_1997

DOCUMENT #

N96000001052 (7)

GULF COAST AGRICULTURE AND NATURAL RESOURCES ASS OCIATION, INC.

## FILED Mar 04 1997 8:00am Secretary of State



Principal Pla	ice of Business	Mailing Add	ress		140	alia i <b>a</b> fa iniia diiit <b>a</b> biti aniii i		
153 HWY 97		153 HWY 97						
MOLINO FL 3	32577	MOLINO FL S	32577-5553		3. Date Inc	orporated or Qualified	3a. Date of Last F	Report
					02	/27/1996		•
	Place of Business	2a. Mailing A		, ,,	4. FEI Nun	ber .	^_	pplied For
1	A 11		BOX	653			······································	lot Applicable
Suite, Apt	I. #, elc.	Suite, Ap	t. #, etc.		5. Certifica	te of Status Desired		Additional lequired
City & Sta	ate	City & Str	ate TONME	NT F	-1 I	Campaign Financing		May Be
Zip	Country	Zip		Country ES		poration has liability for li		
4	25	29 325	533	30 <i>仏</i> ラ	Florida		Yes No	
	9. Name and Address of C	urrent Registered Age	ent		10. Name a	nd Address of New Reg	gistered Agent	
				81 Nam	TIMOTHY	E NIEM	HANN	
	AL CONNECTION, INC.			82 Stree		lumber is Not Acceptab	le)	
	VIRGINIA ST, SUITE 1				4690 K	ED BUD L	HNC	
TALLA	HASSEE FL 32301			83	•			
				84 City	MOLINO		85 Zip	Code
							FL 3	<u> 2577</u>
11. Pursuan office or	It to the provisions of Sections 61 registered agont, or both, in the am landiar with, and accept the	7.0502 and 617.1508, F State of Florida, Such c	florida Statute :hange was a	s, the above-name	ed corporation submits corporation's board of a	s this statement for the pr directors. I hereby accep	urpose of changing i	its registered s registered
agent. I	and the first with and according	abidum at Castian	617 5502 Flor	rida Statutoa		,,,,,,,, .	~ /	10-
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4. 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 inducated 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:

MATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Hy E. NIEMANN