

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000001052 (7)

1. Corporation Name

GULF COAST AGRICULTURE AND NATURAL RESOURCES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

153 HWY 97  
MOLINO FL 32577153 HWY 97  
MOLINO FL 32577-55533. Date Incorporated or Qualified  
02/27/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

P.O. BOX 653

22

City &amp; State

27

City &amp; State

23

Zip

Country

28

CANTONMENT, FL

24

Zip

25

Country

29

32533

30

Country ESCANABA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAPITAL CONNECTION, INC.  
417 E VIRGINIA ST, SUITE 1  
TALLAHASSEE FL 32301

81 Name

TIMOTHY E. NIEMANN

82 Street Address (P.O. Box Number is Not Acceptable)

4690 RED BUD LANE

83

84 City

MOLINO

FL

85 Zip Code

32577

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

TIMOTHY E. NIEMANN

TIMOTHY E. NIEMANN

2/17/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BREWTON, ANGUS	
STREET ADDRESS	8895 UNTREINER AVE	
CITY - ST - ZIP	PENSACOLA FL 32534	

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NIEMANN, TIMOTHY E.	
1.3 STREET ADDRESS	4690 RED BUD LANE	
1.4 CITY - ST - ZIP	MOLINO, FL 32577	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	LIVINGSTON, JACK	
STREET ADDRESS	2350 HWY 97N	
CITY - ST - ZIP	MOLINO FL 32577	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

TITLE	STD	<input type="checkbox"/> DELETE
NAME	NIEMANN, TIM	
STREET ADDRESS	4690 RED BUD LANE	
CITY - ST - ZIP	MOLINO FL 32577	

3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROBERTA VARVORINES	
3.3 STREET ADDRESS	6904 S. HWY. 99	
3.4 CITY - ST - ZIP	WALNUT HILL, FL 32568	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CUNNINGHAM, JACKY	
STREET ADDRESS	2251 HWY 97 N	
CITY - ST - ZIP	MOLINO FL 32577	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	JACOBI, NEIL	
STREET ADDRESS	P O BOX 322 N/A	
CITY - ST - ZIP	MOLINO FL 32577	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	CUNNINGHAM, JIMMY	
STREET ADDRESS	6030 HWY 29 N	
CITY - ST - ZIP	MOLINO FL 32577	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. 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 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:

TIMOTHY E. NIEMANN

TIMOTHY E. NIEMANN

2/17/93

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (month) day year 2/17/97

CR2E037 (9/96)