

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90043 006 ****61.25

DOCUMENT # N96000001052

1. Corporation Name

GULF COAST AGRICULTURE AND NATURAL RESOURCES ASSOCIATION, INC.

Principal Place of Business

153 HWY 97
MOLINO FL 32577

Mailing Address

PO BOX 653
CANTONMENT FL 32533
US

4 2 6 8 7 5
426075 - 90043 - 6



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/27/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

Applied For
☒ Not Applicable

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NIEMANN, TIMOTHY E
4690 RED BUD LN
MOLINO FL 32577

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **BREWTON, ANGUS**
STREET ADDRESS **8895 UNTREINER AVE**
CITY-ST-ZIP **PENSACOLA FL 32534**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **ANDREWS, RICH**
1.3 STREET ADDRESS **1213 KNOLLWOOD DR**
1.4 CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **VD** ☐ DELETE
NAME **LIVINGSTON, JACK**
STREET ADDRESS **2350 HWY 97N**
CITY-ST-ZIP **MOLINO FL 32577**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **NIEMANN, TIM**
STREET ADDRESS **4690 RED BUD LN**
CITY-ST-ZIP **MOLINO FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CUNNINGHAM, JACKY**
STREET ADDRESS **2251 HWY 97 N**
CITY-ST-ZIP **MOLINO FL 32577**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **JACOBI, NEIL**
STREET ADDRESS **P O BOX 322 N/A**
CITY-ST-ZIP **MOLINO FL 32577**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CUNNINGHAM, JIMMY**
STREET ADDRESS **6030 HWY 29 N**
CITY-ST-ZIP **MOLINO FL 32577**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Jack Livingston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

4-22-99

8:50-852-3774

Date

Daytime Phone #

CR2E037 (1/98)

0078575