


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000001052	
1. Entity 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
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07162007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LIVINGSTON, JACK 2350 HIGHWAY 97 NORTH MOLINO, FL 32577
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**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDREWS, RICH 1213 KNOLLWOOD DR CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIVINGSTON, JACK 2350 HWY 97N MOLINO, FL 32577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREWTON, ANGUS 8895 UNTREINER AVE PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMMONS, CLAUDETTE 2701 STALLION RD. CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUNNINGHAM, LEWE 5108 ROWE TRAIL PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, EDDIE 2865 SHERRI LANE DR CANTONMENT, FL 32533

000000769616
07/19/07-80009-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

Treasurer
SIGNATURE: *Claudette Simmons* *[Signature]* 7/16/07 380-2079 (850)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #