# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 02, 2009**
**Secretary of State**

DOCUMENT# N96000001052

**Entity Name:** GULF COAST AGRICULTURE AND NATURAL RESOURCES ASSOCIATION, INC.

**Current Principal Place of Business:**

153 HWY 97
MOLINO, FL 32577

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 653
CANTONMENT, FL 32533 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIVINGSTON, JACK
2350 HIGHWAY 97 NORTH
MOLINO, FL 32577 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | S | ( ) Delete |
| Name: | SHIVER, GWEN | |
| Address: | 1320 MCKENZIE RD. | |
| City-St-Zip: | CANTONMENT, FL 32533 | |
| Title: | P | ( ) Delete |
| Name: | LIVINGSTON, JACK | |
| Address: | 2350 HWY 97N | |
| City-St-Zip: | MOLINO, FL 32577 | |
| Title: | D | ( ) Delete |
| Name: | BREWTON, ANGUS | |
| Address: | 8895 UNTREINER AVE | |
| City-St-Zip: | PENSACOLA, FL 32534 | |
| Title: | T | ( ) Delete |
| Name: | SIMMONS, CLAUDETTE | |
| Address: | 2701 STALLION RD. | |
| City-St-Zip: | CANTONMENT, FL 32533 | |
| Title: | VP | ( ) Delete |
| Name: | CUNNINGHAM, LEWE | |
| Address: | 5108 ROWE TRAIL | |
| City-St-Zip: | PACE, FL 32571 | |
| Title: | D | ( ) Delete |
| Name: | CUNNINGHAM, JACKY | |
| Address: | 2251 HWY 97 | |
| City-St-Zip: | MOLINO, FL 32577 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GWEN SHIVER S 03/02/2009

Electronic Signature of Signing Officer or Director — Date