## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000096024

Entity Name: BANKERS TITLE OF THE NATURE COAST, INC.

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
1627 N YOUNG BLVD CHIEFLAND, FL 32626				
Current Mailing Address:		New Mailing Address:		
PO BOX 1260 OLD TOWN, FL 32680				
FEI Number: 37-1437381	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Cu	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
GUTHRIE, SCOTT 1627 N YOUNG BLVD CHIEFLAND, FL 32626	US			
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	
Election Campaign Financing Trust Fund Contribution().				

## OFFICERS AND DIRECTORS:

CHIEFLAND, FL 32626

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CHIEFLAND, FL 32626

**PRFS** Title: ( ) Delete Title: (X) Change ( ) Addition DRUMMOND, GRAY DRUMMOND, GRAY Name: Name: 1627 N YOUNG BLVD Address: 1627 N YOUNG BLVD Address: City-St-Zip: CHIEFLAND, FL 32626 City-St-Zip: CHIEFLAND, FL 32626 Title: () Delete Title: VICE (X) Change ( ) Addition MARTIN, JERRY MARTIN, JERRY Name: Name: Address: Address: 1627 N YOUNG BLVD 1627 N YOUNG BLVD CHIEFLAND, FL 32626 CHIEFLAND, FL 32626 City-St-Zip: City-St-Zip: Title: Title: () Delete S/T (X) Change ( ) Addition Name: GUTHRIE, SCOTT Name: GUTHRIE, SCOTT Address: 1627 N YOUNG BLVD Address: 1627 N YOUNG BLVD

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: SCOTT GUTHRIE S/T 04/16/2009