

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010672

Entity Name: NATURE COAST FAMILY FELLOWSHIP, INC.**Current Principal Place of Business:**11830 PINE FOREST DR
NEW PORT RICHEY, FL 34654**Current Mailing Address:**17037 MERIDIAN BLVD
HUDSON, FL 34667 US**FEI Number:** 26-1344843**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALMOND, CINDY
17037 MERIDIAN BLVD
HUDSON, FL 34667 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:** CINDY ALMOND

04/21/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PASTOR, CHAIRMAN
Name ALMOND, THOMAS J
Address 17037 MERIDIAN BLVD
City-State-Zip: HUDSON FL 34667

Title TREASURER, OFFICER
Name SKINNER, SHIRLEY
Address 9229 BLADON ST.
City-State-Zip: SPRING HILL FL 34608

Title VC, VP
Name ALMOND, CINDY
Address 17037 MERIDIAN BLVD
City-State-Zip: HUDSON FL 34667

Title SECRETARY
Name PHILLIPS, DEBORAH
Address 14917 SHADOWWOOD BLVD.
City-State-Zip: HUDSON FL 34667

Title OFFICER
Name CRAWFORD, JANET
Address 11830 PINE FOREST DR
City-State-Zip: NEW PORT RICHEY FL 34654

Title ASST. TREASURER, OFFICER
Name HRUBY, JOANN
Address 8413 PEBBLE DRIVE
City-State-Zip: PORT RICHEY FL 34668

I hereby 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 all other like empowered.

SIGNATURE: CINDY ALMOND

VP

04/21/2023

Electronic Signature of Signing Officer/Director Detail

Date