

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000002032

Entity Name: NATURE COAST OUTREACH CENTER, INC.**Current Principal Place of Business:**823 JOSEPHINE ST
BROOKSVILLE, FL 34601**Current Mailing Address:**823 JOSEPHINE STREET
BROOKSVILLE, FL 34601 US**FEI Number:** 45-3618090**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WOODRUFF, SHAWN
823 JOSEPHINE ST
BROOKSVILLE, FL 34601 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:** SHAWN WOODRUFF

04/10/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY/TREASURER
Name WOODRUFF, SHAWN
Address 6124 DUSK ROSE LANE
City-State-Zip: BROOKSVILLE FL 34601

Title DIRECTOR
Name LAMBRIGHT, RICHARD
Address 220 SUNSET DRIVE
City-State-Zip: BROOKSVILLE FL 34601

Title DIRECTOR
Name KAPOCSI, FRANK
Address 21661 COZY PLACE
City-State-Zip: BROOKSVILLE FL 34601

Title DIRECTOR
Name WADDY, CYNTHIA
Address 411 VIRGINIA AVE.
City-State-Zip: BROOKSVILLE FL 34601

Title DIRECTOR
Name RUSS, THOMAS G
Address 2826 KINGSWOOD CIRCLE
City-State-Zip: BROOKSVILLE FL 34604

Title V-PRES.
Name HANSEN, RON
Address 13475 PRINCEWOOD COURT
City-State-Zip: SPRING HILL FL 34609

Title PRESIDENT
Name BEEBE, GREGG
Address 4025 MORRIS BRIDGE RD.
City-State-Zip: ZEPHYRHILLS FL 33543

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: SHAWN WOODRUFF

TREASURER

04/10/2025

Electronic Signature of Signing Officer/Director Detail

Date