

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000009856

**Entity Name:** NATURE COAST FOOD MINISTRY 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:** 46-1200899

**Certificate of Status Desired:** No

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

ALMOND, THOMAS J  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

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

Title            SECRETARY  
Name            PHILLIPS, DEBORAH  
Address        11830 PINE FOREST DR  
City-State-Zip: NEW PORT RICHEY FL 34654

Title            OFFICER  
Name            THOMPSON, BARRY  
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:** PASTOR THOMAS ALMOND

**PRESIDENT**

**04/17/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date