

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 14 AM 9:29

DOCUMENT # **N22150** (9)

1. Corporation Name
THE SANIBEL NATURISTS, INC.

Principal Place of Business Mailing Address
4370 ORANGE GROVE BLVD **4370 ORANGE GROVE BLVD**
P.O. BOX 6789 **P.O. BOX 6789**
FT. MYERS FL 33911 **FT. MYERS FL 33911**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/21/1987** 3a. Date of Last Report **06/28/1994**
4. FEI Number **65-0049422** Applied For Not Applicable
5. Certificate of Status Destroyed **\$0.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 City & State 28 City & State
24 City & State 25 City & State 29 City & State 30 City & State

9. Name and Address of Current Registered Agent
CRAN, ROBERT K.
4370 ORANGE GROVE BLVD
NORTH FT MYERS FL 33903

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
~~P~~ BAILEY CRAIG 3693 MANGO ST ST JAMES CITY FL
D AHLERT, GLEN 4736 SANTA DEL RAE FT MYERS FL
D AHLERT, PRISCILLA 4736 SANTA DEL RAE FT. MYERS FL
~~E~~ CADMOC, DIANE 3693 MANGO ST ST JAMES CITY FL
TD CRAN, ROBERT 4370 ORANGE GROVE N. FT. MYERS FL
D SOUTHALL, DAVID 51 SECOND ST. BONITA SHORES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE PRESIDENT Change Addition
12 NAME ALETA ADAM
13 STREET ADDRESS 1453 ALHAMBRA DR
14 CITY - ST - ZIP FT MYERS FL 33901
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
41 TITLE DIRECTOR Change Addition
42 NAME BAILEY CRAIG
43 STREET ADDRESS 3693 MANGO ST
44 CITY - ST - ZIP ST JAMES CITY FL
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert K. Cran 6-9-95 941-997-2852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #