

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:06

DOCUMENT # N45719 (4)

1. Corporation Name

FLORIDA ASSOCIATION FOR NUDE RECREATION, INC.

Principal Place of Business

Mailing Address

1703 N. MAIN ST.
SUITE E
KISSIMMEE FL 34744

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SUITE E
KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1991

3a. Date of Last Report

02/22/1994

4. FEI Number

65-0305151

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 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. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 873 SILK OAK TERRACE
Suite, Apt., #, etc.

26 873 SILK OAK TERRACE
Suite, Apt., #, etc.

22 City & State

27 City & State

23 LAKE MARY FL
Zip Country

28 LAKE MARY FL
Zip Country

24 32746

25 USA

29 32746

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEATON, SHIRLEY
4425-551 PLEASANT HILL RD
KISSIMMEE FL 34746

81 Name

HEATON, SHIRLEY

82 Street Address (P.O. Box Number is Not Acceptable)

3011 SPANISH MOSS LANE

83

84 City

KISSIMMEE

FL

85 Zip Code
34746

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

Shirley Heaton, President

2-14-95

(If future, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	MASON, SHIRLEY
STREET ADDRESS	1316 NE 105 ST., #104
CITY-ST-ZIP	MIAMI SHORES FL
TITLE	D
NAME	KEISER, JAMES
STREET ADDRESS	P. O. BOX 990192 N/A
CITY-ST-ZIP	NAPLES FL
TITLE	ST
NAME	GREEN, COLIN
STREET ADDRESS	873 SILK OAK TERRACE
CITY-ST-ZIP	LAKE MARY FL
TITLE	VP
NAME	PIERCE, STEV
STREET ADDRESS	901 PINE BAUGH STREET
CITY-ST-ZIP	ROCKLEDGE FL
TITLE	P
NAME	HEATON, SHIRLEY
STREET ADDRESS	4425-551 PLEASANT HILL ROAD
CITY-ST-ZIP	KISSIMMEE FL
TITLE	D
NAME	SPORN, GEORGE
STREET ADDRESS	2001 BRINSON ROAD., #308
CITY-ST-ZIP	LUTZ FL

1.1 TITLE	D
1.2 NAME	PIERCE, KATHY
1.3 STREET ADDRESS	901 PINE BAUGH STREET
1.4 CITY-ST-ZIP	ROCKLEDGE, FL
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VP
4.2 NAME	HANNERS, DAVID
4.3 STREET ADDRESS	P O BOX 5488
4.4 CITY-ST-ZIP	NAVARRE, FL
5.1 TITLE	P
5.2 NAME	HEATON, SHIRLEY
5.3 STREET ADDRESS	3011 SPANISH MOSS LANE
5.4 CITY-ST-ZIP	KISSIMMEE, FL
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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:

Colin Green

COLIN GREEN

2/11/95

(407) 323-3856

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR