

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N45719 (4)
1. Corporation Name
FLORIDA ASSOCIATION FOR NUDE RECREATION, INC.



Principal Place of Business Mailing Address
**873 SILK OAK TERRACE
LAKE MARY FL 32746
US**

3. Date Incorporated or Qualified **10/22/1991** 3a. Date of Last Report **02/22/1995**
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**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent

**HEATON, SHIRLEY
3011 SPANISH MOSS LANE
KISSIMMEE FL 34746**

10. Name and Address of New Registered Agent

81 Name **GREEN, COLIN**
82 Street Address (P.O. Box Number is Not Acceptable)
873 SILK OAK TERRACE
83
84 City **LAKE MARY** FL 85 Zip Code **32746**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PIERCE, KATHY	
STREET ADDRESS	901 PINE BAUGH STREET	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KEISER, JAMES	
STREET ADDRESS	P. O. BOX 990192 N/A	
CITY-ST-ZIP	NAPLES FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GREEN, COLIN	
STREET ADDRESS	873 SILK OAK TERRACE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HANNERS, DAVID	
STREET ADDRESS	P O BOX 5488	
CITY-ST-ZIP	NAVARREE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HEATON, SHIRLEY	
STREET ADDRESS	3011 SPANISH MOSS LANE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPORN, GEORGE	
STREET ADDRESS	2001 BRINSON ROAD., #308	
CITY-ST-ZIP	LUTZ FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	P BRADLEY REX SMITH
5.3 STREET ADDRESS	534 MOURNING DOVE CIRCLE
5.4 CITY-ST-ZIP	LAKE MARY, FL 32746
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D JOHN WEIBLER
6.3 STREET ADDRESS	12 LAKE SHORE DRIVE
6.4 CITY-ST-ZIP	PIERSON, FL 32180

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)