

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

**873 SILK OAK TERRACE
LAKE MARY FL 32746-4924
US**



3. Date Incorporated or Qualified **10/22/1991** 3a. Date of Last Report **01/25/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country 25 29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREEN, COLIN
873 SILK OAK TERRACE
LAKE MARY FL 32746**

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 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)

Colin Green
1/13/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	PIERCE, KATHY
STREET ADDRESS	901 PINE BAUGH STREET
CITY - ST - ZIP	ROCKLEDGE FL
TITLE	<input type="checkbox"/> DELETE
NAME	KEISER, JAMES
STREET ADDRESS	P. O. BOX 990192 N/A
CITY - ST - ZIP	NAPLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	ST GREEN, COLIN
STREET ADDRESS	873 SILK OAK TERRACE
CITY - ST - ZIP	LAKE MARY FL
TITLE	<input type="checkbox"/> DELETE
NAME	VP HANNERS, DAVID
STREET ADDRESS	P O BOX 5488
CITY - ST - ZIP	NAVARREE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	P SMITH, BRADLEY R
STREET ADDRESS	534 MOURNING DOVE CIRCLE
CITY - ST - ZIP	LAKE MARY FL
TITLE	<input type="checkbox"/> DELETE
NAME	D WEIBLER, JOHN
STREET ADDRESS	12 LAKE SHORE DRIVE
CITY - ST - ZIP	PIERSON FL

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VP
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D SLOAN, DONALD K
5.3 STREET ADDRESS	2107 TOBAGO CIRCLE
5.4 CITY - ST - ZIP	FORT MYERS, FL
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	P
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97
Date

(407) 323-3856
Daytime Phone # 0013035

CR2E037 (9/96)