

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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.



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| Principal Place of Business 873 SILK OAK TERRACE LAKE MARY FL 32746 US | Mailing Address 873 SILK OAK TERRACE LAKE MARY FL 32746 US |
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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
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| 3. Date Incorporated or Qualified 10/22/1991 | |
| 4. FEI Number 65-0305151 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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| 8. Name and Address of Current Registered Agent GREEN, COLIN 873 SILK OAK TERRACE LAKE MARY FL 32746 |
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| 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------------------|
| TITLE | VP <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 | D <input type="checkbox"/> DELETE |
| NAME | HANNERS, DAVID |
| STREET ADDRESS | P O BOX 5488 |
| CITY-ST-ZIP | NAVARRE FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | SLOAN, DONALD K. |
| STREET ADDRESS | 2107 TOBAGO CIR. |
| CITY-ST-ZIP | FORT MYERS FL |
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | WEIBLER, JOHN |
| STREET ADDRESS | 12 LAKE SHORE DRIVE |
| CITY-ST-ZIP | PIERSON 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 | 2136 TOM STREET |
| 4.4 CITY-ST-ZIP | NAVARRE, FL 32566 |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | TRUSTEE |
| 5.3 STREET ADDRESS | } SAME |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I 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** 4/14/98 407-332-3856

CR2E037 (10/97)