2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004
Secretary of State

DOCUMENT# N45719

Entity Name: FLORIDA ASSOCIATION FOR NUDE RECREATION, INC.

Current Principal Place of Business:

873 SILK OAK TERRACE
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

873 SILK OAK TERRACE
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 65-0305151 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DUBASAK, RAY
Address: 12223 EMRSON WAY
City-St-Zip: LAND O LAKES, FL 34639

Title: D ( ) Delete
Name: DEPREE, JACK
Address: 21424 KEATING WAY
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete
Name: TERRIZZI, ROCCO
Address: 706 E YORKSHIRE DR
City-St-Zip: DELAND, FL 32724

Title: ST ( ) Delete
Name: GREEN, COLIN
Address: 873 SILK OAK TERRACE
City-St-Zip: LAKE MARY, FL 32746

Title: TR ( ) Delete
Name: WEIBLER, JOHN
Address: 12 LAKESHORE DR
City-St-Zip: PIERSON, FL 32180

Title: P ( ) Delete
Name: WEIBLER, NANCY
Address: 12 LAKESHORE DR
City-St-Zip: PIERSON, FL 32180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DUBASAK, RAY
Address: 23223 EMERSON WAY
City-St-Zip: LAND O LAKES, FL 34639

Title: D (X) Change ( ) Addition
Name: WALTON, CATHERINE
Address: 4339 WHITTNER DRIVE
City-St-Zip: LAND O'LAKES, FL 34639

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change ( ) Addition
Name: ERLENMEYER, BOB
Address: 331 TIFFANY LOOP
City-St-Zip: DAVENPORT, FL 33837

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY WEIBLER P 01/07/2004

Electronic Signature of Signing Officer or Director — Date