


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90098 016 ****61.25

DOCUMENT # N45719		
1. Entity Name FLORIDA ASSOCIATION FOR NUDE RECREATION, INC.		

Principal Place of Business 25 CYPRESS LOOP LAKE ALFRED, FL 33850 US	Mailing Address P.O. BOX 1732 DAVENPORT, FL 33836 US
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60003411



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01132007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0305151	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ERLENMEYER, JULIE 25 CYPRESS LOOP LAKE ALFRED, FL 33850	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	WILLIAMS, HUGH
STREET ADDRESS	151 W. GATEWAY CT.
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	<input checked="" type="checkbox"/> Delete
NAME	PENCE, ROBERT
STREET ADDRESS	22841 SAGO POINT DR #1501
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	<input type="checkbox"/> Delete
NAME	BARNOTT, TINA
STREET ADDRESS	1427 ARGYLE DR
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	<input type="checkbox"/> Delete
NAME	ERLENMEYER, JULIE
STREET ADDRESS	25 CYPRESS LOOP
CITY-ST-ZIP	LAKE ALFRED, FL 33850
TITLE	<input type="checkbox"/> Delete
NAME	SLOAN, DON
STREET ADDRESS	2107 TOBAGO CIRCLE
CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	<input checked="" type="checkbox"/> Delete
NAME	WEIBLER, NANCY
STREET ADDRESS	12 LAKESHORE DR
CITY-ST-ZIP	PIERSON, FL 32180

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIRE PRESIDENT
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN COWAN
STREET ADDRESS	13220 Houston Ave.
CITY-ST-ZIP	Hudson, FL 34667
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUS GOEZ
STREET ADDRESS	175 E. CENTRAL Pkwy, Apt. 1626
CITY-ST-ZIP	Altamonte Springs, FL 32701

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Julie Erlenmeyer - Julie ERLNMEYER 1/13/07 (863) 420-8443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #