

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N45719

Entity Name: AMERICAN ASSOCIATION FOR NUDE RECREATION - FLORIDA REGION, INC.

FILED
Jun 13, 2016
Secretary of State
CC2816745341

Current Principal Place of Business:

4414 MORRISTOWN ROAD
JAY, FL 32565

Current Mailing Address:

4414 MORRISTOWN ROAD
JAY, FL 32565 US

FEI Number: 65-0305151

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HEINTZ, LU ANN
4414 MORRISTOWN ROAD
JAY, FL 32565 US

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: LU ANN HEINTZ

06/13/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name JIM, WULCHAK
Address 107 PONCE DELEON CIRCLE
City-State-Zip: PONCE INLET FL 32127

Title SECRETARY/TREASURER
Name HEINTZ, LU ANN
Address 4414 MORRISTOWN ROAD
City-State-Zip: JAY FL 32565

Title VP
Name JONES, NELSON
Address 2574 SE CHARLESTON DR.
City-State-Zip: PORT SAINT LUCIE FL 34592

Title DIRECTOR
Name DUFFIELD, JONATHAN
Address PO BOX 350036
City-State-Zip: FT. LAUDERDALE FL 33335

Title DIRECTOR
Name JONES, JIMMIE
Address 5 LAWN STREET
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR
Name GAMBLE, JANE
Address 21008 SUNPOINT WAY, #102
City-State-Zip: LUTZ FL 33558

Title DIRECTOR
Name SCHLINZ, JOHN
Address 5640 FOUNTAIN LAKE CIRCLE, APT.
 #206
City-State-Zip: BRADENTON FL 34207

Title DIRECTOR
Name MARTIN, MAGGIE MAE
Address 5225 SIRIPON ROAD
City-State-Zip: MILTON FL 32570

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I hereby 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 all other like empowered.

SIGNATURE: LU ANN HEINTZ

SECRETARY

06/13/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PATTI, SARVER A
Address 10210 NE 14TH STREET
City-State-Zip: SILVER SPRINGS FL 34488

Title TRUSTEE
Name SLOAN, DON
Address 239 TELLIDORA CT
City-State-Zip: FORT MEYERS FL 33908