

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45719

Entity Name: AMERICAN ASSOCIATION FOR NUDE RECREATION - FLORIDA REGION, INC.**FILED**
Apr 28, 2017
Secretary of State
CC1434269844**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****04/28/2017**

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	FRANSEN, MARV
Address	PO BOX 410586
City-State-Zip:	MELBOURNE FL 32941

Title	DIRECTOR
Name	CHRISTINE, COLLINSON
Address	32 COLONY STREET
City-State-Zip:	ST. AUGUSTINE FL 32084

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

Title	TRUSTEE
Name	RALPH , COLLINSON
Address	32 COLONY STREET
City-State-Zip:	ST. AUGUSTINE FL 32084

Continues on page 2

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****04/28/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HINDLE, ANGIE
Address 301 GREEN STREET SOUTH
City-State-Zip: GREEN COVE SPRINGS FL 32043

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