

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45719

**Entity Name:** AMERICAN ASSOCIATION FOR NUDE RECREATION - FLORIDA  
REGION, INC.**FILED**  
**Jun 27, 2020**  
**Secretary of State**  
**2253575161CC****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****06/27/2020**

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	JONATHAN, DUFFIELD
Address	100 NE 23RD STREET
City-State-Zip:	WILTON MANORS FL 33305

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

Title	DIRECTOR
Name	LUCKS, KIM
Address	PO BOX 335
City-State-Zip:	SCOTTSMORE FL 32775

Title	DIRECTOR
Name	JOHNSON, KEITH
Address	2528 WEDGEFIELD BLVD
City-State-Zip:	JACKSONVILLE FL 32211

Title	DIRECTOR
Name	SEWALL, PETER
Address	4425 PLEASANT HILL ROAD
City-State-Zip:	KISSIMMEE FL 34746

Title	DIRECTOR
Name	FLECK, MAC
Address	6108 KATIE WAY
City-State-Zip:	PANAMA CITY FL 32404

**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 M HEINTZ****SECRETARY****06/27/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                RASMUSSEN, HARRY  
Address             5409 POND VIEW DRIVE  
City-State-Zip:    MILTON FL 32570

Title                 DIRECTOR  
Name                HULBERT, VICKI  
Address             786 NW STEPHEN FOSTER  
City-State-Zip:    WHITE SPRINGS FL 32096