

2019 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N45719

Entity Name: AMERICAN ASSOCIATION FOR NUDE RECREATION - FLORIDA REGION, INC.**FILED**
May 05, 2019
Secretary of State
1664774210CR**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****05/05/2019**

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	100 NE 23RD STREET
City-State-Zip:	WILTON MANORS FL 33305

Title	DIRECTOR
Name	FRANDSEN, 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	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

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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 M HEINTZ**SECRETARY****05/05/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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