4-12-95 B-34.84 xc

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 17 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 718793 (3)

1. Corporation Name
AMERICAN ASSOCIATION FOR NUDE RECREATION, INC.

Principal Place of Business	Mailing Address
1703 NORTH MAIN STREET KISSIMMEE FL 34744-3396	1703 NORTH MAIN STREET KISSIMMEE FL 34744-3396

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/1970
3a. Date of Last Report: 07/20/1994
4. FEI Number: 21-0663619 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SPEELMAN, PAMELA
4425 SOUTH PLEASANT HILL ROAD
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	VOLAK, GEORGE	12 NAME		
STREET ADDRESS	ROUTE 5, BOX 462/462 ROCK HAVEN ROAD	13 STREET ADDRESS		
CITY-ST-ZIP	MURFREESBORO TN	14 CITY-ST-ZIP		
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	KATES, NATE	22 NAME		
STREET ADDRESS	8170 RECHE CANYON ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	COLTON CA	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	STOKES, TURNER	32 NAME		
STREET ADDRESS	13674 HIDDEN HOLLOW LANE	33 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG VA	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	DEPREE, JACK	42 NAME		
STREET ADDRESS	1901 BRINSON ROAD, #V5	43 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	KERN, ELLYN	52 NAME		
STREET ADDRESS	79 DRAKES RIDGE	53 STREET ADDRESS		
CITY-ST-ZIP	BENNINGTON IN	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	TRUSTEE	☒ Change ☐ Addition
NAME	LEMERE, DALE	62 NAME	WAYNE ROBERTS	
STREET ADDRESS	212 OLD OWEN ROAD SP, #68	63 STREET ADDRESS	14091 NE KNOTT ST	
CITY-ST-ZIP	SULTAN WA	64 CITY-ST-ZIP	PORTLAND OR 97230	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X _____ 4/11/95 615 896-3553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C0950111