FILE NOW: FILING FEE IS $61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 34744-3313

3. Date Incorporated or Qualified: 07/07/1970
3a. Date of Last Report: 04/11/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

81 Name: ROSLYN SCHEER
82 Street Address (P.O. Box Number is Not Acceptable): 816 WHALEBONE WAY DRIVE
83
84 City: KISSIMMEE **FL** 85 Zip Code: 34741

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] ROSLYN SCHEER EXECUTIVE DIRECTOR — 4/30/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEONITE MOORE		1.2 NAME		
STREET ADDRESS	P. O. BOX 521068 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	TULSA OK		1.4 CITY-ST-ZIP		
TITLE	VP	☑ DELETE	2.1 TITLE	D	☑ Change ☐ Addition
NAME	BLAINE KRENTZ		2.2 NAME	JACK DEPREE	
STREET ADDRESS	931 STANLEY CRESCENT NORTH		2.3 STREET ADDRESS	1901 BRINSON RD., V-5	
CITY-ST-ZIP	REGINA SK		2.4 CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	D	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STOKES, TURNER		3.2 NAME		
STREET ADDRESS	13674 HIDDEN HOLLOW LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG VA		3.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DEPREE, JACK		4.2 NAME		
STREET ADDRESS	1901 BRINSON ROAD, #V5		4.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SUSAN WEAVER		5.2 NAME		
STREET ADDRESS	4213 OLD COLUMBIA PIKE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ANNADALE VA		5.4 CITY-ST-ZIP		
TITLE	ED	☑ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ROSLYN SCHEER		6.2 NAME		
	816 WHALEBONE BAY DRIVE		6.3 STREET ADDRESS		
	KISSIMMEE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

rtify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the licated 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 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 ck 12 or Block 13 if changed, or on an attachment with an address.

E: [signature] — 4/30/97