2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT (AR)

DOCUMENT # 718793

SIGNATURE:



FILED Apr 20, 2005 8:00 am Secretary of State

1. Entity Name					04-20	ر 9034 0-2005	14 040 **;	**61.25	
AMERICA	N ASSOCIATION FOR NUI	DE RECREATION,							
Principal Plac	e of Business	Mailing Address							_
1703 NORTH MAIN STREET KISSIMMEE FL 34744-3396		1703 NORTH MAIN STREET KISSIMMEE FL 34744-3396						4040	
2. Principal P	tace of Business	3. Mailing Address				NI (1991 1911) 1865	IN 1941 BIRN KIBU U		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E037 (10/04)				
City & State		City & State			4. FEI Number 21-0663619 Applied For Not Applicable				
Zip	Country	Zip	Country	- ~	5. Certificate of S	Status Desired		\$8.75 A	dditional ed
	6. Name and Address of Curren	Registered Agent			7. Name and Ad	dress of New F	Registered A	\gent	
0.01	USTALIE EDIOLI ID		Name						_
SCHUTTAUF, ERICH JD 1703 N. MAIN STREET KISSIMMEE FL 34744			Street	Address (f	P.O. Box Number is	Not Acceptable	e)		
	JIMINIE 1 E 347 44		City				FL	Zip Co	de
	named entity submits this statement fi	or the purpose of changing its r	egistered office	or register	ed agent, or both, in	the State of Fl	orida. I am 1	amiliar with	, and accept
SIGNATURE	·	•		 .			- 		
CONTRACTOR OF THE	Signature, typed or punted name of registered ager	st and title if applicable. (NOTE:	Registered Agent sign	nature required	when reinstating)	Tanday Yeldera	DATE	ger daene en en	ye e gandosia
	FILE NOW: FEE IS \$61.25 Due By May 1; 2005	9. Election Carri Trust Fund Co		' _□	\$5.00 May Be Added to Fees		ike Check da Depart		
<u> 10</u>	OFFICERS AND D	IRECTORS	11.		ADDITIONS/CHANG	GES TO OFFICE	RS AND DIF	RECTORS	N 10
TITLE	D	☐ Delete	TITLE	D				☐ Change	Addition
NAME	BROWN, PATRICIA P.O. BOX 937		NAME		BIE PHIL				
STREET ADDRESS CITY-ST-ZIP	MARCOLA OR 97454		STREET ADDRESS CITY-ST-ZIP	. Y86	TRO VALE	ANYON R	QAD 8/552		
TITLE	DO	□ Delete	TITLE	ONS	TRO VADID	or, on	74]] [Change	Addition
NAME	MIGLIORE, BOB	_ 5000	NAME						
STREET ADDRESS	#13-240 LUMSDEN AVE. WINNIPEG, MB CA r2y- 0j9		STREET ADDRESS	s			_		_
CITY-ST-ZIP	D CA 12y- 0j9		CITY-ST-ZIP						
TITLE NAME	PARKER, MIKE	🔀 Delete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS	6825 N FENWICK AVE	~ ~~	STREET ADDRESS	s -			_		
CITY-ST-ZIP	PORTLAND OR 97217		CITY-ST-ZIP	1			_		
TITLE	ED SOUTH TE SOUTH	☐ Delete	TITLE	7			-	☐ Change	☐ Addition
NAME	SCHUTTAUF, ERICH 1703 N MAIN ST		NAME	_					
STREET ADDRESS CITY-ST-ZIP	KISSIMMEE FL 34741		STREET ADDRESS CITY+\$1-ZIP	5					
TITLE		Delete	TITLE	 				Change	Addition
NAME		□ Delete	NAME	1				onange	
STREET ADDRESS			STREET ADDRESS	s					
CITY-ST-ZIP			CITY-ST-ZIP	1			-		
TITLE		☐ Defete	TITLE	1				☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	,					
CITY-ST-ZIP			CITY-ST-ZIP	٠					
12 I berehv	Lcertify that the information supplied wi	th this filing does not qualify for	the exemption s	tated in Se	ection 119.07(3)(i). F	lorida Statutes.	I further cer	tify that the	information
indicated	on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	is true and accurate and that m	v signature shal	I have the	same lenal effect as	if made under	oath: that La	um an office	er or director