## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#718793** 

Apr 07, 2009 Secretary of State

Entity Name: AMERICAN ASSOCIATION FOR NUDE RECREATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1703 NORTH MAIN STREET KISSIMMEE, FL 347443396 **Current Mailing Address: New Mailing Address:** 1703 NORTH MAIN STREET KISSIMMEE, FL 347443396 FEI Number: 21-0663619 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHUTTAUF, ERICH JD 1703 N. MAIN STREET KISSIMMEE, FL 34744 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KINMAN, JOHN Name: Name: P.O.BOX 782 Address: Address: City-St-Zip: MARCOLA, OR 97454 City-St-Zip: Title: () Delete Title: VΡ (X) Change ( ) Addition Name: MORRISON, GEORGE Name: DIXON, BOB Address: 4N602 BROOKSIDE DR WEST Address: 119 COACH LIGHT BAY SW City-St-Zip: SAINT CHARLES, IL 60175 City-St-Zip: CALGARY, AB T3H 1Z8 CN Title: () Delete Title: () Change () Addition SCHUTTAUF, ERICH Name: Name: Address: 1703 N MAIN ST Address: City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: Title: ( ) Delete Title: ST (X) Change ( ) Addition Name: LCLEOD, SHARON Name: BARNOTT, TINA Address: PO BOX 5111 Address: 960 CHURCH STREET City-St-Zip: BEAVERTON, OR 970060111 City-St-Zip: NEWPORT, NC 28570 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ERICH E. SCHUTTAUF ED 04/07/2009