## **2003 NOT-FOR-PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 718703**

AMERICAN ASSOCIATION FO			
Principal Place of Business	Mailing Address		
703 North Main Street Issimmee fl 34744-3396	1703 NORTH MAIN STREET KISSIMMEE FL 34744-3396		

FILED
Apr 16, 2003 8:00 am Secretary of State
04-16-2003 90128 023 \*\*\*\*61.25

AMERICAI	n associa	TION FOR NUDE	RECREATION, INC.				04-10-2003 90	0120 023	01.23
Principal Place 1703 NORTH & KISSIMMEE FL			Mailing Address 1703 NORTH MAIN STREET KISSIMMEE FL 34744-3396						
2. Principal F	Place of Busines	98	3. Mailing Address	<u>-</u> .					
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #, etc.	Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 21-0663619 Applied For Not Applicable				
Zip		Country	Zip	Country		5. Certificate of	Status Desired	\$8.75	Additional
	6. Name a	nd Address of Current	Registered Agent			7. Name and Ac	Idress of New Reg		
9CHITTI	AUF, ERICH J	n ·		Name					
1703 N. I	MAIN STREET			Street Address		(P.O. Box Number is Not Acceptable)			
KISSIMMI	EE FL 34744	() ()		City				FL Zip	Code
8. The above	e named entity s	submits this statement for	r the purpose of changing its r	registered office o	r registered	agent, or both, i	n the State of Florid		with, and accept
the obligat	tions of register	OH EN	CH E SCHUTT	TAIF	•			1/1/0	<b>.2</b>
SIGNATURE	Slanatura, turned or	printed name of registered agent a		: Registered Agent signa	ture required wh	en reinstation)		24/11/0	<u> </u>
	Signature, typed or	printed native of registered agent a	and the mappingable. (NOTE.	. Hegistered Agent signa	Rai e required with	err remstating)		UATE	
							i .		
I	FILE NOW:	FEE IS \$61.25	9. Election Cam Trust Fund Co			5.00 May Be dded to Fees		Check Paya Department	
10.		OFFICERS AND DIR	Trust Fund Co	ontribution.	AD	dded to Fees		Department  AND DIRECTOR	of State
	D SMITH, GRE P 0 BOX 19	OFFICERS AND DIR	Trust Fund Co	11. TITLE NAME STREET ADDRESS	AD BROWN PO BO	DITIONS/CHANDON, PATRI	Florida GES TO OFFICERS	Department	of State
TUTLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, GRE P O BOX 19 BETHEL PAI	OFFICERS AND DIR	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD BROWN PO BO MARCO	dded to Fees  DITIONS/CHAN	Florida GES TO OFFICERS	Department  AND DIRECTOR  Cha	of State S IN 10 nge
10. TITLE NAME STREET ADDRESS	D SMITH, GRE P O BOX 19 BETHEL PAR	OFFICERS AND DIR GORY A 7 N/A RK PA 15102-0197	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	AD AD BROWN PO BO MARCO	odded to Fees DITIONS/CHAN N, PATRI DX 937 DLA OR	Florida GES TO OFFICERS CCIA 97454	Department  AND DIRECTOR	of State S IN 10 nge X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D SMITH, GRE P O BOX 19 BETHEL PAR D AGUIRRE, M 567 9TH AVI	OFFICERS AND DIR GORY A 7 N/A RK PA 15102-0197 ARILOU	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	AD AD BROWN PO BO MARCO MIGLI	DITIONS/CHAND N, PATRI DX 937 DLA OR ORE, BO 240 LUMS	Florida GES TO OFFICERS CIA 97454 B GDEN AVE	Department  AND DIRECTOR  Cha	of State S IN 10 nge
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with all address, with all other like empowered.

SIGNATURE: