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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748799 (4)
1. Corporation Name
AMERICAN NUDIST RESEARCH LIBRARY, INC.

Principal Place of Business Mailing Address
4425 S. PLEASANT HILL ROAD 4425 S. PLEASANT HILL ROAD
CYPRESS COVE CYPRESS COVE
KISSIMMEE FL 34746 KISSIMMEE FL 34746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/05/1979	3a. Date of Last Report 04/12/1994
4. FEI Number 59-1939933	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 21 2950 Sun Cove Drive Suite, Apt. #, etc. 22 City & State 23 Kissimmee, FL Zip 24 34746	2a. Mailing Address 26 2950 Sun Cove Drive Suite, Apt. #, etc. 27 City & State 28 Kissimmee, FL Zip 29 34746	Country 25 Osceola	Country 30 Osceola
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9. Name and Address of Current Registered Agent HADLEY, DEAN D 4425 S. PLEASANT HILL RD. KISSIMMEE 34746	10. Name and Address of New Registered Agent 81 Name Dean D. Hadley 82 Street Address (P.O. Box Number is Not Acceptable) 2941 Sun Cove Drive 83 84 City Kissimmee, FL 85 Zip Code 34746
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARRIS, JAMES E. 4425 S PLEASANT HILL RD KISSIMMEE, FL 00000	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD HARRIS, JAMES E. ☒ Change ☐ Addition 4425 Cypress Mill Rd. Kissimmee, FL 34746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KUSSOW, ZOLITTA 4425 S. PLEASANT HILL RD KISSIMMEE, FL 00000	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VD ☐ Change ☐ Addition KUSSOW, ZOLITTA 3108 Red Fox Run Kissimmee, FL 34746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PURCELL, FRANCES E. 4425 S PLEASANT HILL RD KISSIMMEE, FL 00000	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	SD ☐ Change ☐ Addition PURCELL, FRANCES E. 3406 Restful Place Kissimmee, FL 34746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FIELDS, JANE 4425 PLEASANT HILL RD KISSIMMEE, FL 00000	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	TD ☐ Change ☐ Addition FIELDS, JANE 3211 Onk Park Lane Kissimmee, FL 34746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HADLEY, DEAN 4425 S PLEASANT HILL RD KISSIMMEE, FL 00000	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	D ☐ Change ☐ Addition HADLEY, DEAN 2941 Sun Cove Drive Kissimmee, FL 34746
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition

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 110.07(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:

Jane Fields

JANE FIELDS

2/24/95

(Signature and typed or printed name of signing officer or director)

Date

(Signature) Form 8