

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 748799 (4)

1. Corporation Name

AMERICAN NUDIST RESEARCH LIBRARY, INC.



Principal Place of Business

Mailing Address

**2950 SUN COVE DR
KISSIMMEE FL 34746
US**

**2950 SUN COVE DR
CYPRESS COVE
KISSIMMEE FL 34746
US**

3. Date Incorporated or Qualified
09/05/1979

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HADLEY, DEAN D
2941 SUN COVE DR
KISSIMMEE 34746**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HARRIS, JAMES E.
STREET ADDRESS 4428 CYPRESS MILL RD
CITY-ST-ZIP KISSIMMEE, FL 00000 ☒ DELETE

TITLE VD
NAME KUSSOW, ZOLITTA
STREET ADDRESS 3103 RED FOX RUN
CITY-ST-ZIP KISSIMMEE, FL 00000 ☒ DELETE

TITLE SD
NAME PURCELL, FRANCES E.
STREET ADDRESS 3406 RESTFUL PL
CITY-ST-ZIP KISSIMMEE, FL 00000 ☒ DELETE

TITLE TD
NAME FIELDS, JANE
STREET ADDRESS 3211 OAK PARK LANE
CITY-ST-ZIP KISSIMMEE, FL 00000 ☐ DELETE

TITLE D
NAME HADLEY, DEAN
STREET ADDRESS 2941 SUN COVE DR
CITY-ST-ZIP KISSIMMEE, FL 00000 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME PURCELL, FRANCES E.
1.3 STREET ADDRESS 3406 RESTFUL PLACE
1.4 CITY-ST-ZIP KISSIMMEE FL 34746

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME BARSON, JAMES
2.3 STREET ADDRESS 3210 OAK PARK LANE
2.4 CITY-ST-ZIP KISSIMMEE, FL 34746

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME LANG, NEAL
3.3 STREET ADDRESS 4406 BLUE SKY LANE
3.4 CITY-ST-ZIP KISSIMMEE, FL 34746

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 119.07(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: *Frances E. Purcell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCES E. PURCELL

1/19/96

933-5441

Date

Daytime Phone #

CR2E037 (12/95)