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Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
US2950 SUN COVE DR
CYPRESS COVE
KISSIMMEE FL 34746-2773
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/05/1979

3a. Date of Last Report

02/02/1996

4. FEI Number

59-1939933

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME PURCELL, FRANCES E
STREET ADDRESS 3406 RESTFUL PLACE
CITY-ST-ZIP KISSIMMEE FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VD ☒ DELETE
NAME BARSON, JAMES
STREET ADDRESS 3210 OAK PARK LANE
CITY-ST-ZIP KISSIMMEE FL2.1 TITLE ☐ Change ☒ Addition
2.2 NAME VD
2.3 STREET ADDRESS KUSSOW, OMAR
2.4 CITY-ST-ZIP 3103 RED FOX RUN
KISSIMMEE FL 34746TITLE SD ☒ DELETE
NAME LANG, NEAL
STREET ADDRESS 4408 BLUE SKY LANE
CITY-ST-ZIP KISSIMMEE FL3.1 TITLE ☐ Change ☒ Addition
3.2 NAME SD
3.3 STREET ADDRESS FLEER, TRUDY
3.4 CITY-ST-ZIP 3212 OAK PARK LANE
KISSIMMEE FL 34746TITLE TD ☒ DELETE
NAME FIELDS, JANE
STREET ADDRESS 3211 OAK PARK LANE
CITY-ST-ZIP KISSIMMEE, FL 000004.1 TITLE ☐ Change ☒ Addition
4.2 NAME TD
4.3 STREET ADDRESS UPMEYER, JACK
4.4 CITY-ST-ZIP 3214 LIGUSTRUM LANE
KISSIMMEE FL 34746TITLE D ☐ DELETE
NAME HADLEY, DEAN
STREET ADDRESS 2941 SUN COVE DR
CITY-ST-ZIP KISSIMMEE, FL 000005.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

FRANCES E. PURCELL PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0070067

CR2E037 (9/96)