2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748799

FILED Feb 04, 2005 Secretary of State

Entity Name: AMERICAN NUDIST RESEARCH LIBRARY, INC.

Current Principal Place of Business: New Principal Place of Business:

2950 SUN COVE DR KISSIMMEE, FL 34746 US

Current Mailing Address: New Mailing Address:

2950 SUN COVE DR

KISSIMMEE, FL 34746 US

FEI Number: 59-1939933 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:

HADLEY, DEAN D HADLEY, TED

2941 SUN COVE DR 4381 PLEASANT HILL RD.
KISSIMMEE, FL 34746 US KISSIMMEE, FL 34746 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: TED HADLEY 02/04/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: SD (X) Change () Addition

 Name:
 FISHER, HELEN
 Name:
 FISHER, HELEN

 Address:
 4104 CANNON CT.
 Address:
 4104 CANNON CT.

 City-St-Zip:
 KISSIMMEE, FL 34746
 City-St-Zip:
 KISSIMMEE, FL 34746

Address: 973 FOREST HILL DR. Address: 973 FOREST HILL DR. City-St-Zip: CLERMONT, FL 34711 City-St-Zip: MINNEOLA, FL 34715

Title: SD () Delete Title: VD (X) Change () Addition

 Name:
 MUSICK, MARY B
 Name:
 VONLAND, ROGER

 Address:
 3309 ALLAMANDA CT.
 Address:
 524 GARY PLAYER DRIVE

 City-St-Zip:
 KISSIMMEE, FL 34746
 City-St-Zip:
 DAVENPORT, FL 33837

Title: TD () Delete Title: () Change () Addition

 Name:
 OSTHEIM, ROE
 Name:

 Address:
 4428 CYPRESS MILL RD.
 Address:

 City-St-Zip:
 KISSIMMEE, FL 34746
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

Name: HADLEY, DEAN, Name: HADLEY, TED

 Address:
 2941 SUN COVE DR
 Address:
 4381 PLEASANT HILL RD.

 City-St-Zip:
 KISSIMMEE, FL 34746
 City-St-Zip:
 KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN FRAKES PD 02/04/2005