


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2008 8:00 am**  
**Secretary of State**

07-11-2008 90016 012 \*\*\*\*61.25

<b>DOCUMENT # 748799</b> 1. Entity Name AMERICAN NUDIST RESEARCH LIBRARY, INC.					
Principal Place of Business 2950 SUN COVE DR KISSIMMEE, FL 34746 US			Mailing Address 2950 SUN COVE DR KISSIMMEE, FL 34746 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HADLEY, TED <del>4381 PLEASANT HILL RD.</del> 4425 Pleasant Hill Rd. KISSIMMEE, FL 34746				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent; and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FISHER, HELEN 4104 CANNON CT. KISSIMMEE, FL 34746		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FRAKES, JOHN 973 FOREST HILL DR. MINNEOLA, FL 34715		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VAN NEST, FRED <del>4408 CYPRESS MILL RD</del> KISSIMMEE, FL 34746		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4418 Eagle Point	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD OSTHEIM, ROSELENA 4428 CYPRESS MILL RD. KISSIMMEE, FL 34746		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HADLEY, TED <del>4381 PLEASANT HILL RD.</del> 4425 KISSIMMEE, FL 34746		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HEATON, SHIRLEY 1523-11 WEST GATE DR KISSIMMEE, FL 34746		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an address, with all other like empowered					
<b>SIGNATURE:</b> <u>Helen Fisher</u> HELEN FISHER <span style="float: right;">7-5-08 407-932-3118</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40110288



07042008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-1939933

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FL

Zip Code