

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748799

FILED
Jan 06, 2009
Secretary of State

Entity Name: AMERICAN NUDIST RESEARCH LIBRARY, INC.

Current Principal Place of Business:

2950 SUN COVE DR
KISSIMMEE, FL 34746 US

New Principal Place of Business:

Current Mailing Address:

2950 SUN COVE DR
KISSIMMEE, FL 34746 US

New Mailing Address:

FEI Number: 59-1939933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HADLEY, TED
4425 PLEASANT HILL RD.
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FISHER, HELEN
Address: 4104 CANNON CT.
City-St-Zip: KISSIMMEE, FL 34746

Title: VD () Delete
Name: FRAKES, JOHN
Address: 973 FOREST HILL DR.
City-St-Zip: MINNEOLA, FL 34715

Title: SD () Delete
Name: VAN NEST, FRED
Address: 4418 EAGLE POINT
City-St-Zip: KISSIMMEE, FL

Title: TD () Delete
Name: OSTHEIM, ROSELENA
Address: 4428 CYPRESS MILL RD.
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: HADLEY, TED
Address: 4425 PLEASANT HILL RD. 4425
City-St-Zip: KISSIMMEE, FL 34746

Title: VD () Delete
Name: HEATON, SHIRLEY
Address: 1523-11 WEST GATE DR
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: HELEN FISHER

PD

01/06/2009

Electronic Signature of Signing Officer or Director

Date