

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748799

FILED  
Mar 31, 2010  
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: S  
Name: FISHER, HELEN  
Address: 4104 CANNON CT.  
City-St-Zip: KISSIMMEE, FL 34746

Title: VP  
Name: FRAKES, JOHN  
Address: 973 FOREST HILL DR.  
City-St-Zip: MINNEOLA, FL 34715

Title: P  
Name: WALLER, EDWARD  
Address: 2399 GREAT HARBOR DRIVE  
City-St-Zip: KISSIMMEE, FL 34746

Title: T  
Name: OSTHEIM, ROSELENA  
Address: 4428 CYPRESS MILL RD.  
City-St-Zip: KISSIMMEE, FL 34746

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

Title: VP  
Name: VONLAND, ROGER  
Address: 524 GARY PLAYER DRIVE  
City-St-Zip: DAVENPORT, FL 33837

I hereby 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 all other like empowered.

SIGNATURE: HELEN FISHER

SECR

03/31/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date