2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N00000003008

Entity Name: TAMPA AREA NATURISTS, INC.

Current Principal Place of Business:

15404 E LAKE BURRELL DRIVE
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

PO BOX 923
LUTZ, FL 33548

New Mailing Address:

FEI Number: 59-3659042 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PALM, JOHN C
15404 E LAKE BURRELL DRIVE
LUTZ, FL 33549 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: DP ( ) Delete
Name: JOHN, PALM C
Address: 15404 E LAKE BURRELL DRIVE
City-St-Zip: LUTZ, FL 33549

Title: DT ( ) Delete
Name: PASCO, RICH
Address: 15404 E LAKE BURRELL DRIVE
City-St-Zip: LUTZ, FL 33549

Title: DS ( ) Delete
Name: KUSHMAN, KEN
Address: 15404 E LAKE BURRELL DRIVE
City-St-Zip: LUTZ, FL 33549

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: PALM, JOHN C
Address: 15404 E LAKE BURRELL DRIVE
City-St-Zip: LUTZ, FL 33549

Title: D (X) Change ( ) Addition
Name: KUSHMAN, DONNA
Address: 15404 E LAKE BURRELL DRIVE
City-St-Zip: LUTZ, FL 33549

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

Title: DV ( ) Change (X) Addition
Name: KUSH, MICHAEL
Address: 15404 E LAKE BURRELL DRIVE
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Change (X) Addition
Name: CASEY, DARRELL
Address: 15404 E LAKE BURRELL DRIVE
City-St-Zip: LUTZ, FL 33549

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: JOHN C. PALM DP 03/17/2009

Electronic Signature of Signing Officer or Director — Date