

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49889

FILED
Jan 07, 2009
Secretary of State

Entity Name: NORTHEAST FLORIDA NATURISTS, INC.

Current Principal Place of Business:

P O BOX 56901
JACKSONVILLE, FL 32241 US

New Principal Place of Business:

2120 QUARTER HORSE CIRCLE
JACKSONVILLE, FL 32259 US

Current Mailing Address:

P. O. BOX 56901
JACKSONVILLE, FL 32241 US

New Mailing Address:

FEI Number: 59-3147951 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLENDER, JOHN ESQ
1301 RIVERPLACE BLVD
SUITE 2105
JACKSONVILLE, FL 32207 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: VD () Delete
Name: BRUNSON, ED
Address: P O BOX 56901
City-St-Zip: JACKSONVILLE, FL 32241

Title: SD () Delete
Name: WATTERS, MARY K
Address: PO BOX 56901
City-St-Zip: JACKSONVILLE, FL 32241

Title: SD () Delete
Name: HAITHCOCK, KIM
Address: P O BOX 56901
City-St-Zip: JACKSONVILLE, FL 32241

Title: D () Delete
Name: HOUSTON, CINDY
Address: P O BOX 56901
City-St-Zip: JACKSONVILLE, FL 32241

Title: TD () Delete
Name: CONANT, ELTON
Address: PO BOX 56901
City-St-Zip: JACKSONVILLE, FL 32241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HOLLAND, CHARLES
Address: P O BOX 56901
City-St-Zip: JACKSONVILLE, FL 32241

Title: VD (X) Change () Addition
Name: WATTERS, MARY K
Address: PO BOX 56901
City-St-Zip: JACKSONVILLE, FL 32241

Title: SD (X) Change () Addition
Name: MYRICK, MICHELLE
Address: P O BOX 56901
City-St-Zip: JACKSONVILLE, FL 32241

Title: P (X) Change () Addition
Name: NORTON, KENNY
Address: P O BOX 56901
City-St-Zip: JACKSONVILLE, FL 32241

Title: TD (X) Change () Addition
Name: CONANT, CHERYL
Address: PO BOX 56901
City-St-Zip: JACKSONVILLE, FL 32241

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: CHERYL CONANT

TD

01/07/2009

Electronic Signature of Signing Officer or Director

Date