

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49889

FILED
Feb 06, 2011
Secretary of State

Entity Name: NORTHEAST FLORIDA NATURISTS, INC.

Current Principal Place of Business:

1301 RIVERPLACE BLVD, STE 2105
JACKSONVILLE, FL 322079109 US

New Principal Place of Business:

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: TREA
Name: CREWS, LEWIS
Address: P O BOX 56901
City-St-Zip: JACKSONVILLE, FL 32241

Title: VD
Name: HOLLAND, CHARLES
Address: PO BOX 56901
City-St-Zip: JACKSONVILLE, FL 32241

Title: SD
Name: BURCH, JAMES
Address: P O BOX 56901
City-St-Zip: JACKSONVILLE, FL 32241

Title: P
Name: BRUNSON, ED
Address: P O BOX 56901
City-St-Zip: JACKSONVILLE, FL 32241

Title: TD
Name: CREWS, LEWIS
Address: PO BOX 56901
City-St-Zip: JACKSONVILLE, FL 32241

Title: D
Name: COLLINSON, RALPH
Address: PO BOX 56901
City-St-Zip: JACKSONVILLE, FL 32241

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: LEWIS A. CREWS

TREA

02/06/2011

Electronic Signature of Signing Officer or Director

Date