2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N95000001143

Entity Name: CENTRAL FLORIDA NATURISTS, INC.

Current Principal Place of Business:

4467 COUNTRY ROAD
MELBOURNE, FL 329348468

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 677009
ORLANDO, FL 328677009

New Mailing Address:

FEI Number: 59-3316907 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FRANDSEN, MARVIN
4467 COUNTRY ROAD
MELBOURNE, FL 32934 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: GIBBON, DAVID
Address: 4561 MUSTANG RD
City-St-Zip: MELBOURNE, FL 32934

Title: VPD ( ) Delete
Name: FRANDSEN, MARVIN
Address: 4467 COUNTRY RD
City-St-Zip: MELBOURNE, FL 329348468

Title: TREA ( ) Delete
Name: CERVASIO, MARIANNE
Address: 8732 TALL PINE LANE
City-St-Zip: ORLANDO, FL 32825

Title: SEC ( ) Delete
Name: CERVASIO, FRANK
Address: 8732 TALL PINE LANE
City-St-Zip: ORLANDO, FL 32825

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
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: MARIANNE CERVASIO TREA 05/01/2009

Electronic Signature of Signing Officer or Director — Date