

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45719

Entity Name: AMERICAN ASSOCIATION FOR NUDE RECREATION - FLORIDA REGION, INC.

FILED
Apr 10, 2021
Secretary of State
2952217263CC

Current Principal Place of Business:

4414 MORRISTOWN ROAD
JAY, FL 32565

Current Mailing Address:

4414 MORRISTOWN ROAD
JAY, FL 32565 US

FEI Number: 65-0305151

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HEINTZ, LU ANN
4414 MORRISTOWN ROAD
JAY, FL 32565 US

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: LU ANN HEINTZ

04/10/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name RALPH, COLLINSON
Address 9 EASTMAN STREET
City-State-Zip: ST AUGUSTINE FL 32084

Title SECRETARY/TREASURER
Name HEINTZ, LU ANN
Address 4414 MORRISTOWN ROAD
City-State-Zip: JAY FL 32565

Title VP
Name JONATHAN, DUFFIELD
Address 100 NE 23RD STREET
City-State-Zip: WILTON MANORS FL 33305

Title TRUSTEE
Name PARKES, BG
Address 786 NW STEPHEN FOSTER DRIVE
City-State-Zip: WHITE SPRINGS FL 32096

Title DIRECTOR
Name LUCKS, KIM
Address PO BOX 335
City-State-Zip: SCOTTSMORE FL 32775

Title DIRECTOR
Name JOHNSON, KEITH
Address 2528 WEDGEFIELD BLVD
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR
Name BERRY, DAVE
Address 8154 CAYUGA TRAIL WEST
City-State-Zip: JACKSONVILLE FL 32244

Title DIRECTOR
Name FLECK, MAC
Address 6108 KATIE WAY
City-State-Zip: PANAMA CITY FL 32404

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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: LU ANN M HEINTZ

SECRETARY TREASURER 04/10/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HARRIS, JOAN
Address 21062 LITTLE MAGENS LOOP
City-State-Zip: LUTZ FL 33558

Title DIRECTOR
Name HULBERT, VICKI
Address 786 NW STEPHEN FOSTER
City-State-Zip: WHITE SPRINGS FL 32096