

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 813128

**Entity Name:** NATURIST RELIGIOUS SOCIETY INC

**Current Principal Place of Business:**

13514 LAUREN AVENUE  
HUDSON, FL 34669

**Current Mailing Address:**

38315 GATES MILLS DR.  
DADE CITY, FL 33525 US

**FEI Number:** 59-6066803

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GULVIN, ARTHUR E  
38315 GATES MILLS DR  
DADE CITY, FL 33525 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name GULVIN, ARTHUR E  
Address 38315 GATES MILLS DR  
City-State-Zip: DADE CITY FL

Title S  
Name GULVIN, CINDY L  
Address 38315 GATES MILLS DRIVE  
City-State-Zip: DADE CITY FL

Title D  
Name GULVIN, GLENN  
Address 15529 PUCKETT ROAD  
City-State-Zip: DADE CITY FL

Title T  
Name STEIGERWALD, JOYCE E.  
Address 4005 EMERYWOOD LANE  
City-State-Zip: ORLANDO FL

Title VPD  
Name GULVIN, ROBERT  
Address 15529 PUCKETT ROAD  
City-State-Zip: DADE CITY FL

*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:** ARTHUR GULVIN

**PRESIDENT**

**01/26/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date