

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213542233

1.) CORPORATION NAME:

NATURIST EDUCATION FOUNDATION, INC.

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**VIRGINIA PROFESSIONAL SERVICES LLC
3850 GASKINS RD STE 120
RICHMOND, VA**

SCC ID NO: **07559545**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. Box 132

CITY/ST/ZIP: Oshkosh, WI 54903

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	R ALLEN BAYLIS		
TITLE:	TREASURER		
ADDRESS:	8682 DOREMERE DR		
CITY/ST/ZIP/CO:	HUNTINGTON BEACH, CA 92646		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHARLES HARRIS		
TITLE:	DIRECTOR		
ADDRESS:	34 WOODOAKS DR		
CITY/ST/ZIP/CO:	SAN RAFAEL, CA 94903		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Robert A Morton		
TITLE:	CHAIRMAN		
ADDRESS:	12603 Mistletoe Trail		
CITY/ST/ZIP/CO:	Manchaca, TX 78652		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Meredith N Springer		
TITLE:	DIRECTOR		
ADDRESS:	15 Piper Road		
CITY/ST/ZIP/CO:	Apt J313 Scarborough, ME 04074		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Don Zirbel		
TITLE:	DIRECTOR		
ADDRESS:	103 NE Ninth Ave		
CITY/ST/ZIP/CO:	Canby, OR 97013		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Mark C Storey		
TITLE:	SECRETARY		
ADDRESS:	2142 N 147th St		
CITY/ST/ZIP/CO:	Shoreline, WA 98133		

NAME:	Judy E Williams	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	28616 Haverman Road		
CITY/ST/ZIP/CO:	Bradner, BC V4X 2P3, CA		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ Robert AMorton	Robert AMorton,	9/9/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.