



300322392

DS

The Corporations Act
2017 ANNUAL RETURN OF INFORMATION



1. BUSINESS NUMBER 852221803MC0001	2. JURISDICTION MANITOBA	3. DATE OF INCORPORATION OR AMALGAMATION 26-Jul-2010	4. LAST ANNUAL RETURN FILED 2016
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5. CORPORATION NAME & MAILING ADDRESS (MAKE CHANGES IF NECESSARY IN THE SPACE PROVIDED)
NATURIST LEGACY INC.

6107681

ANNUAL RETURN NOTIFICATIONS BY E-MAIL

YES, PLEASE SEND FUTURE ANNUAL RETURN NOTIFICATIONS TO THE EMAIL ADDRESS BELOW:

SECTION A - Complete all sections

1. MAIN TYPE OF BUSINESS (MAKE CHANGES IF NECESSARY)
NONPROFIT ORGANIZATION

2. REGISTERED OFFICE ADDRESS

IF THE ADDRESS HAS CHANGED, PROVIDE THE NEW ADDRESS TOGETHER WITH THE DATE OF CHANGE

____/____/____
Day Month Year

3. DIRECTORS

CURRENT DIRECTOR(S) ON RECORD -

FULL NAME	RESIDENCE ADDRESS (PROVIDE MOST CURRENT RESIDENCE ADDRESS)	COMPLETE, IF APPLICABLE
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/ STERLING, BRIAN	_____	<input type="checkbox"/> CEASED AS A DIRECTOR ____/____/____ Day Month Year
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/ BINKLEY, JACK	_____	<input type="checkbox"/> CEASED AS A DIRECTOR ____/____/____ Day Month Year
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/ BLATTA, JIM <i>PRESIDENT</i>	_____	<input type="checkbox"/> CEASED AS A DIRECTOR ____/____/____ Day Month Year
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/ LEDUC, JOHN <i>SECRETARY</i>	_____	<input type="checkbox"/> CEASED AS A DIRECTOR ____/____/____ Day Month Year
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RECEIVED REQU
25ck
 AUG 25 2017
 COMPANIES OFFICE/
 OFFICE DES COMPAGNIES

SCANNED
 SEP 18 2017
 COMPANIES OFF



PERRY, YVETTE
 TREASURER
 CEASED AS A DIRECTOR
 Day / Month / Year

NEW DIRECTOR(S), IF APPLICABLE - If insufficient space, attach a list with the required information

FULL NAME	RESIDENCE ADDRESS (PROVIDE MOST CURRENT RESIDENCE ADDRESS)	COMPLETE, IF APPLICABLE
		<input type="checkbox"/> APPOINTED AS A DIRECTOR Day / Month / Year
		<input type="checkbox"/> APPOINTED AS A DIRECTOR Day / Month / Year
		<input type="checkbox"/> APPOINTED AS A DIRECTOR Day / Month / Year

4. OFFICERS

CURRENT OFFICER(S) ON RECORD -

FULL NAME	RESIDENCE ADDRESS (PROVIDE MOST CURRENT RESIDENCE ADDRESS)	POSITION HELD (i.e.: President, Secretary, etc)
LYON, DEBORAH <input checked="" type="checkbox"/> CEASED TO BE AN OFFICER		PAST - PRESIDENT
BROWN, MARK <input checked="" type="checkbox"/> CEASED TO BE AN OFFICER		TREASURER
PERRY, YVETTE <input type="checkbox"/> CEASED TO BE AN OFFICER		SECRETARY TREASURER.

(SELECT THIS BOX IF THERE ARE NO OFFICERS)

NO OFFICERS APPOINTED AT THIS TIME

NEW OFFICER(S), IF APPLICABLE - If insufficient space, attach a list with the required information

FULL NAME	RESIDENCE ADDRESS (PROVIDE MOST CURRENT RESIDENCE ADDRESS)	POSITION HELD (i.e.: President, Secretary, etc)
Jim Blatta		PRESIDENT
John Leduc		SECRETARY

SECTION B

RECEIVED REQU
 AUG 25 2017
 COMPANIES OFFICE/
 OFFICE DES COMPAGNIES

SCANNED
 SEP 18 2017
 COMPANIES

FULL NAME AND ADDRESS OF INDIVIDUAL APPOINTED AS THE ATTORNEY FOR SERVICE IN MANITOBA

(Only the Address of the Attorney for Service (if appointed) can be changed on this form)

SECTION C - Complete all sections

I JUSTIE PERRY, being a/an OFFICER of the
(Print Name) (Director, Officer, Agent)

corporation, certify that the information is correct as of the last day of the corporation's anniversary month in the year for which this annual return is filed. I have the authority to sign this document on behalf of the corporation.

Date: Aug 23 / 17

Signature: [Redacted] (sign here)

Phone (Day): [Redacted]

ANNUAL RETURN DUE DATE: 31-Aug-2017

FILING FEE: \$25.00

FILING OPTIONS:

Online Filing - Go to the web site at www.companiesoffice.gov.mb.ca/index.html and click on Companies Online link.

Paper Filing - Send the completed, signed (in ink) form with a cheque (payable to the Minister of Finance) or payment option form to the Companies Office, 1010-405 Broadway, Winnipeg, MB R3C 3L6. This form will be rejected if all required sections are not completed. Please make a copy for your records.

RECEIVED REÇU
AUG 25 2017
COMPANIES OFFICE/
OFFICE DES COMPAGNIES

SCANNED
SEP 18 2017
COMPANIES OFFICE