

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90353 012 ****61.25

DOCUMENT # N01000005409					
1. Entity Name INTERNATIONAL HARVESTER COLLECTORS CLUB, INC.					
Principal Place of Business % CANDY MATTINGLY P.O.BOX 21 SCOTTSMOOR, FL 32775-0021			Mailing Address % CANDY MATTINGLY P.O.BOX 21 SCOTTSMOOR, FL 32775-0021		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip, - - - - - Country		Zip - - - - - Country		4. FEI Number 59-3664198	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATTINGLY, CANDY 5907 US HWY 1 SCOTTSMOOR, FL 32775-0021			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME HICKS, JIM STREET ADDRESS 1200 LUCERNE LOOP RD NE CITY-ST-ZIP WINTER HAVEN, FL 338819330	☒ Delete		TITLE PD NAME Andy Root STREET ADDRESS P.O. Box 21 CITY-ST-ZIP Scottsmeer FL 32775	☒ Change ☐ Addition	
TITLE DV NAME ZOBEL, JANET H STREET ADDRESS 17764 NW 240TH ST CITY-ST-ZIP OKEECHOBEE, FL 34972	☐ Delete		TITLE D NAME George Beswick STREET ADDRESS 720 Lake Elbert Dr S.E. CITY-ST-ZIP Winter Haven FL 33880	☐ Change ☒ Addition	
TITLE DS NAME ZOBEL, JANET H STREET ADDRESS 17764 NW 240TH ST CITY-ST-ZIP OKEECHOBEE, FL 34972	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE DT NAME MATTINGLY, CANDY STREET ADDRESS P.O.BOX 21 CITY-ST-ZIP SCOTTSMOOR, FL 327750021	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE D NAME BUTTERFIELD, JOHN STREET ADDRESS 601 PEACOCK RD CITY-ST-ZIP HOLLY HILL, FL 32117	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE D NAME ROOT, ANDY STREET ADDRESS P.O.BOX21 CITY-ST-ZIP SCOTTSMOOR, FL 327750021	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Candy Mattingly</u> <u>Candy Mattingly</u>			4-14-2004 321-385-9453		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		