

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90082 037 ****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

Applied For

Not Applicable

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

M. YVONNE BUTTERFIELD

Street Address (P.O. Box Number is Not Acceptable)

501 PEACOCK RD

City

HOLLY HILL

FL

Zip Code

32117

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

M. Yvonne Butterfield

M. YVONNE BUTTERFIELD-T

4/25/05

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	PD	☒ Delete
NAME	ROOT, ANDY	
STREET ADDRESS	PO BOX 21	
CITY-ST-ZIP	SCOTTSMOOR FL 32775	
TITLE	DV	☒ Delete
NAME	ZOBEL, JANET H	
STREET ADDRESS	17764 NW 240TH ST	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	DS	☒ Delete
NAME	ZOBEL, JANET H	
STREET ADDRESS	17764 NW 240TH ST	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	DT	☒ Delete
NAME	MATTINGLY, CANDY	
STREET ADDRESS	P.O. BOX 21	
CITY-ST-ZIP	SCOTTSMOOR FL 32775-0021	
TITLE	DV	☐ Delete
NAME	BUTTERFIELD, JOHN	
STREET ADDRESS	501 PEACOCK RD	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	D	☒ Delete
NAME	BESWICK, GEORGE	
STREET ADDRESS	720 LAKE ELBERT DR. SE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☒ Addition
NAME	JIM HICKS	
STREET ADDRESS	1200 LUCERNE LOOP RD	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	DV	☒ Change ☒ Addition
NAME	M. YVONNE BUTTERFIELD	
STREET ADDRESS	501 PEACOCK RD	
CITY-ST-ZIP	HOLLY HILL, FL 32117	
TITLE	DS	☐ Change ☒ Addition
NAME	JIM GRAMEL	
STREET ADDRESS	612 TENNESSEE AVE	
CITY-ST-ZIP	ST. CLOUD, FL 34769	
TITLE	D	☐ Change ☒ Addition
NAME	DENNIS R. GAST	
STREET ADDRESS	6000 64th. ST. N.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33709-1622	
TITLE	D	☐ Change ☒ Addition
NAME	CHARLES STEVENSON	
STREET ADDRESS	4800 TIGER LANE	
CITY-ST-ZIP	MIMS, FL 32754	
TITLE	D	☐ Change ☒ Addition
NAME	JIM TURNER	
STREET ADDRESS	1985 APACHE CT	
CITY-ST-ZIP	TITUSVILLE, FL 32796	

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:

M. Yvonne Butterfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/05 386-672-1554