

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90018 033 ****61.25

DOCUMENT # 741918 1. Entity Name THE M-T BOTTLE COLLECTORS ASSOCIATION, INC					
Principal Place of Business P.O. BOX 1581 DELAND, FL 32721			Mailing Address P.O. BOX 1581 DELAND, FL 32721		
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 59-2780326	
5. Certificate of Status Desired ☐				Applied For ☐ \$8.75 Additional Fee Required ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BENTON, CHARLES O 1200 JACOBS RD DELAND, FL 32724				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 _____ Signature, typed or printed name of registered agent and title if applicable.					
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	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PALLASCH, MAUREEN		NAME		
STREET ADDRESS	7 MONROE AVE		STREET ADDRESS		
CITY-ST-ZIP	DEBARY, FL 32713		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	RADECK, ROGER		NAME		
STREET ADDRESS	1570 HUMPHREY BLVD		STREET ADDRESS		
CITY-ST-ZIP	DELTONA, FL 32738		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MARKS, SALLY J		NAME		
STREET ADDRESS	1030 BLUE HORIZON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DELTONA, FL 32725		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	DREGGORS, WILLIAM J		NAME	CHARLES O. BENTON	
STREET ADDRESS	1148 W. EUCLID AVE.		STREET ADDRESS	1200 JACOBS RD	
CITY-ST-ZIP	DELAND, FL		CITY-ST-ZIP	DELAND, FL 32724	
TITLE	D	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	MCMILLAN, WHITEY		NAME	H. GRADY ROWELL	
STREET ADDRESS	1811 PALOMA AVE		STREET ADDRESS	200 BREVITY LANE	
CITY-ST-ZIP	SANFORD, FL		CITY-ST-ZIP	DELAND, FL 32724	
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	SCOTT, GEORGE C.		NAME		
STREET ADDRESS	2656 GRANDVIEW AVE.		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL		CITY-ST-ZIP		
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: <i>George C. Scott</i> <i>February 9, 2004</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date					