

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90065 006 ****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 ☐ 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALLASCH, MAUREEN 7 MONROE AVE DEBARY, FL 32713 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RADECK, ROGER 1570 HUMPHREY BLVD. DELTONA, FL 32738 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RADECK, ROGER 1570 HUMPHREY BLVD DELTONA, FL 32738 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARKS, CHARLES 1030 BLUE HORIZON DRIVE DELTONA, FL 32725 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARKS, SALLY J 1030 BLUE HORIZON DRIVE DELTONA, FL 32725 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENTON, CHARLES O 1200 JACOBS RD DELAND, FL 32724 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, GEORGE 2656 GRANDVIEW AVE. SANFORD, FL 32771 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWELL, N. GRADY 200 BREUITA LANE DELAND, FL 32724 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DREGGORS, WILLIAM 27 JASPAINE DRIVE DEBARY, FL 32713 ☐ 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: Charles Marks CHARLES MARKS 1/14/05 (386) 789-5255 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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