2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #741918



FILED Jan 11, 2007 8:00 am Secretary of State 01-11-2007 90060 018 ****61.25

1. Entity Name THE M-T BOTTLE COLLECTORS ASSOCIATION, INC								01-11-200	07 90060 0	18 ****	61.25
P.O. BOX 1581 P.			P.O. E	Mailing Address P.O. BOX 1581 DELAND, FL 32721				÷			
Principal Place of Business - No P.O. Box # 3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01052007	Chg-NP	CR2E037	(12/06)	
City & State			City & State				4. FEI Number 59-2780326				oplied For of Applicable
Zip	Zip Country		Zip				5. Certificate of Status Desired Fe			B.75 Additional e Required	
6. Name and Address of Current Registers			l Agent			7. Name and	Address of New	Registered A	gent		
BENTON, CHARLES O 1004 HARTFORD DR DELAND, FL 32724						Name Street Address (P.O. Box Number is Not Acceptable)					
					City				FL	Zip Code	ө
	named entit tions of regist	y submits this statement to tered agent.	or the purpo	se of changing its	registered office of	х registere	ed agent, or both	n, in the State of F		miliar with,	and accept
0.0	Signature typed	or printed name of registered agent	and title if each								
	Organica e, 19000	or printed haire or registered agent	and the II appr	cable. (NO1E	: Registered Agent signe	iture required	when reinstating)	<u> </u>	DATE		
	Filing Fe	e is \$61.25 May 1, 2007	аги вое п вруж		npaign Financing		\$5.00 May Be Added to Fees		Make check wida Departr		
10.	Filing Fe	e is \$61.25		9. Election Carr	npaign Financing		\$5.00 May Be Added to Fees		Make check vida Departr	nent of St	tate
10. IIILE NAME STREET ADDRESS CFIY-ST-ZIP	P BENTON 1004 HAF	e is \$61.25 May 1, 2007		9. Election Carr	npaign Financing Contribution.	PART	\$5.00 May Be Added to Fees ADDITIONS/CHA LL ASCH/ MON ROS SEBARY	NGES TO OFFICE HARLA E, AVE , FL 3	Make check wida Departs ERS AND DIRE	TOBS IN Change	tate
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indicated on this report or supplied with this ming does not qualify for the exemptions contained in chapter 119, Florida Statutes. I notice certify that the indicated on this report or suppliemental 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: VNQUELEN L. POLLOS MAUREEN L. PALLAS CH NICEPRESIDENT 1./9/07
BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Date