

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005409

FILED
Mar 01, 2008
Secretary of State

Entity Name: INTERNATIONAL HARVESTER COLLECTORS CLUB, INC.

Current Principal Place of Business:

% M. YVONNE BUTTERFIELD
7000 AVON PARK CUT-OFF RD
FORT MEADE, FL 33841

New Principal Place of Business:

% TIM WHEATON
7000 AVON PARK CUT-OFF RD
FORT MEADE, FL 33841

Current Mailing Address:

% M. YVONNE BUTTERFIELD
501 PEACOCK RD
HOLLY HILL, FL 32117

New Mailing Address:

% TIM WHEATON
206 PINEHILL LANE
SEBRING, FL 33876

FEI Number: 59-3664198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTTERFIELD, M. YVONNE
501 PEACOCK RD
HOLLY HILL, FL 32117 US

Name and Address of New Registered Agent:

WHEATON, TIMOTHY
206 PINEHILL LANE
SEBRING, FL 33876 US

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.

SIGNATURE: TIMOTHY WHEATON

03/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HICKS, JIM
Address: 1200 LUCERWE LOOP RD
City-St-Zip: WINTER HAVEN, FL 33881

Title: DT () Delete
Name: BUTTERFIELD, M. YVONNE
Address: 501 PEACOCK RD
City-St-Zip: HOLLY HILL, FL 32117

Title: DS () Delete
Name: SANDY, EVELYN
Address: 3708 MULLER DR
City-St-Zip: ZEPHYRHILLS, FL 335406563

Title: D () Delete
Name: TURNER, JAMES M
Address: 1985 APACHE CT
City-St-Zip: TITUSVILLE, FL 32796

Title: DV () Delete
Name: BUTTERFIELD, JOHN
Address: 501 PEACOCK RD
City-St-Zip: HOLLY HILL, FL 32117

Title: D () Delete
Name: STEVENSON, CHARLES
Address: 4800 TIGER LANE
City-St-Zip: MIMS, FL 32754

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: WHEATON, TIMOTHY
Address: 206 PINEHILL LANE
City-St-Zip: SEBRING, FL 33876

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY WHEATON

DT

03/01/2008

Electronic Signature of Signing Officer or Director

Date