



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90021 001 ****70.00

DOCUMENT # N03000008121 1. Entity Name FLORIDA ANTIQUE TRACTOR CLUB, INC.					
Principal Place of Business 2935 FORESTBROOK DR. NORTH LAKELAND, FL 33811			Mailing Address 2935 FORESTBROOK DR. NORTH LAKELAND, FL 33811		
2. Principal Place of Business - No P.O. Box # 5749 Riddle Rd		3. Mailing Address 5749 Riddle Rd		<div style="font-size: 24pt; font-weight: bold;">40035100</div> 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Holiday FL		City & State Holiday FL		02202007 Chg-NP CR2E037 (12/06)	
Zip 34690		Country USA		4. FEI Number 20-0927797	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ASAY, MELLISA SD 2935 FORESTBROOK DR. NORTH LAKELAND, FL 33811				7. Name and Address of New Registered Agent Name <u>Sandea Beiter SD</u> Street Address (P.O. Box Number is Not Acceptable) <u>5749 Riddle Rd</u> City <u>Holiday</u> <u>FL</u> Zip Code <u>34690</u>	
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 <u>Sandra N Beiter</u> <u>SANDRA Beiter</u> <u>2/20/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DT PAULHAMMUS, FRANK 1950 N COUNTRY RD EUSTIS, FL 32726 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLER, ROB 40217 EMARELDA ISLAND RD LEESBURG, FL 33478 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ASAY, MELLISA 2934 FORESTBROOK DR. NORTH LAKELAND, FL 33811 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD. Sandea Beiter 5749 Riddle Rd Holiday FL 34690 <input checked="" type="checkbox"/> Addition			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Sandra N Beiter</u> <u>SANDRA Beiter</u> <u>2/20/2007</u> <u>830-7721</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					