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FILED

Jan 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N18686 (8)

1. Corporation Name

FLORIDA FARM TOY COLLECTORS CLUB, INC.

Principal Place of Business

5087 CAMUS ST.  
SARASOTA FL 34232

Mailing Address

5087 CAMUS ST.  
SARASOTA FL 34232-23433. Date Incorporated or Qualified  
01/09/19873a. Date of Last Report  
03/07/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

CONCELLO, RANDALL C.  
27 FLETCHER AVENUE  
SARASOTA FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, MEL	
STREET ADDRESS	3314 GLOUSTER ST.	
CITY-ST-ZIP	SARASOTA FL 34235	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HORST, EPHRAIM	
STREET ADDRESS	3025 HATTON ST	
CITY-ST-ZIP	SARASOTA FL 34237	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SNYDER, DEAN	
STREET ADDRESS	5087 CAMUS ST.	
CITY-ST-ZIP	SARASOTA FL 34232	

TITLE	S	<input type="checkbox"/> DELETE
NAME	JOHNSON, ANNA MAE	
STREET ADDRESS	3314 GLOUSTER ST.	
CITY-ST-ZIP	SARASOTA FL 34235	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Horst Ephraim	
1.3 STREET ADDRESS	3025 HATTON ST.	
1.4 CITY-ST-ZIP	SARASOTA FL 34237	

2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Johnson, Mel	
2.3 STREET ADDRESS	3314 Gloucester St.	
2.4 CITY-ST-ZIP	SARASOTA FL 34235	

3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Snyder Dean	
3.3 STREET ADDRESS	5087 Camus St	
3.4 CITY-ST-ZIP	SARASOTA FL 34232	

4.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Johnson Anna Mae	
4.3 STREET ADDRESS	3314 Gloucester St.	
4.4 CITY-ST-ZIP	SARASOTA FL 34235	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-97

941-378-9332

Date

Daytime Phone # 0062244

CR2E037 (9/96)