


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90110 023 ****61.25

| | |
|---|---|
| DOCUMENT # N93000002855 |  |
| 1. Entity Name ANTIQUE AND ART GLASS SALT SHAKER COLLECTORS SOCIETY, INC. | |

| | |
|---|---|
| Principal Place of Business 116 LISA CT WEIRTON, WV 26062 | Mailing Address 116 LISA CT WEIRTON, WV 26062 |
|---|---|

| | |
|--|--|
| 2. Principal Place of Business - No P.O. Box # 19938 Wabash, 18 Ave. | 3. Mailing Address 19938 Wabash, 18 Ave. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------------------------------|--------------------------------------|
| City & State Allendale, IL | City & State Allendale, IL |
|--------------------------------------|--------------------------------------|

| | | | |
|---------------------|---------|---------------------|---------|
| Zip 62410 | Country | Zip 62410 | Country |
|---------------------|---------|---------------------|---------|



01092008 Chg-NP CR2E037 (12/06)

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent HALES, DOUG 145 BELL TOWER CROSSING WEST KISSIMMEE, FL 34759 | | 7. Name and Address of New Registered Agent 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, 2008 | 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 | DPP HALES, DOUG 145 BELL TOWER CROSSING WEST KISSIMMEE, FL 34759 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP Susan Ryan 9207 Williston Rd. Williston, VT 05495 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D CALKINS, BRIAN 504 PLYMOUTH ST. S.W OLYMPIA, WA 985025336 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S EVERITT, CHARITY 3837 CALLE GUAYMAS TUCSON, AZ 85716 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T RIDGWAY, MARALYN 116 LISA CT WALDORF, MD 20602 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | T William Schafer 19938 Wabash, 18 Ave. Allendale, IL 62410 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D PEIFER, DICK 705 BRUCE AVENUE MOUNT JOY, PA 17552 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Coila Hales 145 Bell Tower Crossing West Kissimmee, FL 34759 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P ROGERS, JULIAN 859 EDGEWOOD AVE., NE ATLANTA, GA 30307 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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: William A. Schafer, Treas. **1-09-08 618-299-4322**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #