

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003571

FILED
Jun 13, 2006
Secretary of State

Entity Name: ORIGINAL HOBO NICKEL SOCIETY, INC.

Current Principal Place of Business:

14831 90TH AVE SO.
DELRAY BEACH, FL 33446 US

New Principal Place of Business:

5929 WEDGEWOOD VILLAGE CIR.
LAKE WORTH, FL 33463 US

Current Mailing Address:

P.O.BOX 480352
DELRAY BEACH, FL 33448 US

New Mailing Address:

5929 WEDGEWOOD VILLAGE CIR.
LAKE WORTH, FL 33463 US

FEI Number: 52-1788209 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HALEY, DON L
14831 90TH AVE SO.
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

HALEY, DON L
5929 WEDGEWOOD VILLAGE CIR.
LAKE WORTH, FL 33463 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: DON HALEY

06/13/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TAYLOR, ARCHIE
Address: 1500 W. HIGHLAND ST. , LOT 225
City-St-Zip: LAKELAND, FL 33815 US

Title: VP () Delete
Name: LANDIS, RON
Address: C/O GALLERY MINT MUSEUM
City-St-Zip: EUREKA SPRINGS, AR 72632

Title: S () Delete
Name: WALRAFEN, VERNE
Address: 12000 SUNSET RIDGR DRIVE
City-St-Zip: OZAWKIE, KS 66070 US

Title: T () Delete
Name: TAYLOR, JAMES
Address: C/O ICG, 7901 E.BELLEVIEW AVE
City-St-Zip: ENGLEWOOD, CO 80111 US

Title: D () Delete
Name: FIVAZ, BILL
Address: P.O.BOX 888660
City-St-Zip: DUNWOODY, GA 30338 US

Title: ED () Delete
Name: FARNSWORTH, DON
Address: 241 SOUTHAMPTON DR.
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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 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: ARCHIE TAYLOR

P

06/13/2006

Electronic Signature of Signing Officer or Director

Date