

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90034 034 \*\*\*\*61.25

**DOCUMENT # N97000004956**

1. Entity Name

INTERNATIONAL NIPPON COLLECTORS' CLUB, INC.



Principal Place of Business

1417 STEELE ST.  
FT. MYERS FL 33901  
US

Mailing Address

571-W19856 WILLIAMS DR.  
MUSKEGO WI 53150  
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 1130

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
VERONA, VA

4. FEI Number

65-0832314

Applied For

Not Applicable

Zip

Country

Zip

Country

24482

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTA, STEVEN  
1619 JACKSON ST.  
FT. MYERS FL 33901

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANDRUM, JACK 571-W19856 WILLIAMS DR. MUSKEGO WI 53150	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLDSMITH, GERRY 1387 LANCE CT. CAROL STREAM IL 60188	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURT, STEPHANIE 39 COUNTRY WALK DR CHERRY HILL NJ 08003	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MATTISON, JEFFERY PO BOX 2482 FLEMINGTON NJ 08822	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURT, STEPHANIE 39 COUNTRY WALK DR. CHERRY HILL NJ 08003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BITTNER, DICK 2406 DOMINION DR., #2C FREDERICK MD 21702	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SCHOENHERR, ROBERT 222 RIVER VIEW DR. VERONA, VA 24482	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CAVEDO, JENNIFER 8363 DUSTY LANE MECHANICSVILLE, VA 23116	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY KIMELMAN, JULIE 8490 PALACE DRIVE KEYSEYVILLE, CA 95451	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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:** *Robert Schoenherr* **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/04

Date

(540) 248-7140

Daytime Phone #