


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91249 010 ****61.25

DOCUMENT # N97000005826	
1. Entity Name INTERNATIONAL MOONEY OWNERS ASSOCIATION INC.	

Principal Place of Business 110 W AIRPORT AVE VENICE, FL 34285	Mailing Address 110 W AIRPORT AVE VENICE, FL 34285
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94083407



04302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0875226	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPANGLER, STEPHEN 333 W. MIAMI AVE. VENICE, FL 34285	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JACOB, COY G 300 NASSAU STREET NORTH VENICE, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PROTTER, HAROLD E 6940 WASHINGTON ST. LOUIS, MO 63130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BERTORELLI, PAUL C P.O. BOX 309 (NA) NEWTOWN, CT 064700309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULTZ, DANIEL 1644 SE PEACH DRIVE ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARVIN, JAMES 1 MEADOW LINK DR. PADUCAH, KY 42001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINCKS, JOHN 3020 GREYCLIFF WAY MILFORD, PA 18332

DO NOT WRITE IN THIS SPACE

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 941-484-0801
Date Daytime Phone #