


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

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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DO NOT WRITE IN THIS SPACE

01182005 No Chg-NP CR2E037 (10/03)

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**

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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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

1100000294436
04/08/05-80069-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Date: April 2, 05 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR