

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005826

FILED
Apr 20, 2007
Secretary of State

Entity Name: INTERNATIONAL MOONEY OWNERS ASSOCIATION INC.

Current Principal Place of Business:

100 W AIRPORT AVE
VENICE, FL 34285

New Principal Place of Business:

160 E AIRPORT AVE
VENICE, FL 34285

Current Mailing Address:

100 W AIRPORT AVE
VENICE, FL 34285

New Mailing Address:

160 E AIRPORT AVE
VENICE, FL 34285

FEI Number: 65-0875226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPANGLER, STEPHEN
333 W. MIAMI AVE.
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: JACOB, COY G
Address: 300 NASSAU STREET NORTH
City-St-Zip: VENICE, FL 34785

Title: DV () Delete
Name: PROTTER, HAROLD E
Address: 6940 WASHINGTON
City-St-Zip: ST. LOUIS, MO 63130

Title: DS () Delete
Name: BERTORELLI, PAUL C
Address: P.O. BOX 309 (NA)
City-St-Zip: NEWTOWN, CT 064700309

Title: D () Delete
Name: SCHULTZ, DANIEL
Address: 1644 SE PEACH DRIVE
City-St-Zip: ARCADIA, FL 34266

Title: D () Delete
Name: MARVIN, JAMES
Address: 1 MEADOW LINK DR.
City-St-Zip: PADUCAH, KY 42001

Title: D () Delete
Name: LINCKS, JOHN
Address: 3020 GREYCLIFF WAY
City-St-Zip: MILFORD, PA 18332

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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Address:
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: COY G JACOB

DP

04/20/2007

Electronic Signature of Signing Officer or Director

Date