2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005826

FILED May 05, 2008 Secretary of State

Entity Name: INTERNATIONAL MOONEY OWNERS ASSOCIATION INC.

Current Principal Place of Business:		New Principal Place of Business:
160 E AIR VENICE, F	PORT AVE FL 34285	
Current N	lailing Address:	New Mailing Address:
160 E AIR VENICE, F	PORT AVE FL 34285	
In accordan	: 65-0875226 FEI Number Applied For (ice with s. 607.193(2)(b), F.S., the corporation of	lid not receive the prior notice.
Name and	I Address of Current Registered Agen	: Name and Address of New Registered Agent:
SPANGLE 333 W. MI VENICE, F		JACOB, COY G DP 160 E AIRPORT AVE VENICE, FL 34285 US
	e named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATURE: COY G JACOB		05/05/2008
	Electronic Signature of Registered	Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	DP () Delete JACOB, COY G 300 NASSAU STREET NORTH VENICE, FL 34785	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	DV () Delete PROTTER, HAROLD E 6940 WASHINGTON ST. LOUIS, MO 63130	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	DS () Delete BERTORELLI, PAUL C P.O. BOX 309 (NA) NEWTOWN, CT 064700309	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete SCHULTZ, DANIEL 1644 SE PEACH DRIVE ARCADIA, FL 34266	Title: () Change () Addition Name: Address: City-St-Zip:
Title:	D () Delete MARVIN, JAMES 1 MEADOW LINK DR.	Title: () Change () Addition Name: Address: City-St-Zip:
Name: Address: City-St-Zip:	PADUCAH, KY 42001	

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 05/05/2008