

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 23 AM 9:12

DOCUMENT # P21571 (5)

1. Corporation Name

WORLD'S FAIR COLLECTORS SOCIETY, INC.

Principal Place of Business

6639 WATERFORD LANE
SARASOTA FL 34238

Mailing Address

6639 WATERFORD LANE
SARASOTA FL 34238

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1988

3a. Date of Last Report

01/20/1994

4. FEI Number

11-2449028

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

ICARD MERRILL CULLIS TIMM FUREN GINSBURG
ATTN: F. THOMAS HOPKINS, III
2033 MAIN STREET, SUITE 600
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

SAME

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE V
NAME MORAN, JAMES
STREET ADDRESS 720 DIMOND ST
CITY-ST-ZIP HUNTINGTON IN

TITLE EDPP
NAME PENDER, MICHAEL R.
STREET ADDRESS 6639 WATERFORD LANE
CITY-ST-ZIP SARASOTA FL

TITLE PP
NAME SCHNEIDER, WILLIAM
STREET ADDRESS 63-43 78TH STREET
CITY-ST-ZIP MIDDLE VILLAGE NY

TITLE ST
NAME PENDER, FRANCINE J.
STREET ADDRESS 6639 WATERFORD LANE
CITY-ST-ZIP SARASOTA FL

TITLE D
NAME RADER, ROBERT
STREET ADDRESS 5500 BARTON DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE P
NAME DIXON, THOMAS
STREET ADDRESS 1416 MIDINA AVE
CITY-ST-ZIP CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael R. Pender, Executive Director

1-2095 813-923-2590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #