

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Jan 23 1997 8:00am
Secretary of StateDOCUMENT # **P21571** (5)

1. Corporation Name

WORLD'S FAIR COLLECTORS SOCIETY, INC.



Principal Place of Business

Mailing Address

6639 WATERFORD LANE
SARASOTA FL 342386639 WATERFORD LANE
SARASOTA FL 34238-26393. Date Incorporated or Qualified
10/25/19883a. Date of Last Report
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

11-2449028

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input type="checkbox"/> DELETE
NAME	MORAN, JAMES	
STREET ADDRESS	720 DIMOND ST	
CITY-ST-ZIP	HUNTINGTON IN	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	46150-6405

TITLE	P	<input type="checkbox"/> DELETE
NAME	PENDER, MICHAEL R.	
STREET ADDRESS	6639 WATERFORD LANE	
CITY-ST-ZIP	SARASOTA FL	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	34238-2639

TITLE	PP	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, WILLIAM	
STREET ADDRESS	63-43 78TH STREET	
CITY-ST-ZIP	MIDDLE VILLAGE NY	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	11379-1307

TITLE	ST	<input type="checkbox"/> DELETE
NAME	PENDER, FRANCINE J.	
STREET ADDRESS	6639 WATERFORD LANE	
CITY-ST-ZIP	SARASOTA FL	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	34238-2639

TITLE	D	<input type="checkbox"/> DELETE
NAME	RADER, ROBERT	
STREET ADDRESS	5500 BARTON DRIVE	
CITY-ST-ZIP	ORLANDO FL	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	32801-1810

TITLE	P	<input type="checkbox"/> DELETE
NAME	DIXON, THOMAS	
STREET ADDRESS	1416 MIDINA AVE	
CITY-ST-ZIP	CORAL GABLES FL	

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PP
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	33134

14. I do 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 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 617, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-97 941-923-2590

Date

Daytime Phone # 0063448

CR2E037 (9/96)