


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

|   |         |   |         |
|---|---------|---|---------|
| <b>DOCUMENT # P21571</b>  |         |  |         |
| 1. Entity Name<br><b>WORLD'S FAIR COLLECTORS SOCIETY, INC.</b>  |         |   |         |
| Principal Place of Business<br><b>6639 WATERFORD LANE<br/>SARASOTA FL 34238</b>   |         | Mailing Address<br><b>6639 WATERFORD LANE<br/>SARASOTA FL 34238</b>               |         |
| 2. Principal Place of Business  |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |
| 6. Name and Address of Current Registered Agent<br><b>ICARD MERRILL CULLIS TIMM FUREN GINSBURG<br/>ATTN: F. THOMAS HOPKINS, III<br/>2033 MAIN STREET, SUITE 600<br/>SARASOTA FL 34237</b> |         | 7. Name and Address of New Registered Agent                                       |         |
| Name  |         | Name  |         |
| Street Address (P.O. Box Number is Not Acceptable)  |         | Street Address (P.O. Box Number is Not Acceptable)                                |         |
| City  |         | City  |         |
| FL  |         | Zip Code  |         |



MOORE CR2E037 (11/03)

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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

| 10. OFFICERS AND DIRECTORS                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>C</b><br><b>ANDREWS, JOHN</b><br><b>149 RIDGE ROAD</b><br><b>NUTLEY NJ 07110</b><br><input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>000000025319</b><br><b>02/02/04-80101-006 61.25</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>P</b><br><b>PENDER, MICHAEL R.</b><br><b>6639 WATERFORD LANE</b><br><b>SARASOTA FL</b><br><input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PP</b><br><b>SCHNEIDER, WILLIAM</b><br><b>63-43 78TH STREET</b><br><b>MIDDLE VILLAGE NY</b><br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>ST</b><br><b>PENDER, FRANCINE J.</b><br><b>6639 WATERFORD LANE</b><br><b>SARASOTA FL</b><br><input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D</b><br><b>RADER, ROBERT</b><br><b>5500 BARTON DRIVE</b><br><b>ORLANDO FL</b><br><input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D</b><br><b>DIXON, THOMAS</b><br><b>1416 MIDINA AVE</b><br><b>CORAL GABLES FL 33134</b><br><input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I 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 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:** *Michael R. Pender* **1-28-04 941923-2590**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #