


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 8:00 am**  
**Secretary of State**

01-13-2006 90045 026 \*\*\*\*61.25

<b>DOCUMENT # P21571</b>	
1. Entity Name <b>WORLD'S FAIR COLLECTORS SOCIETY, INC.</b>	

Principal Place of Business <b>6639 WATERFORD LANE SARASOTA, FL 34238</b>	Mailing Address <b>6639 WATERFORD LANE SARASOTA, FL 34238</b>
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01052006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent	
<b>ICARD MERRILL CULLIS TIMM FUREN GINSBURG ATTN: F. THOMAS HOPKINS, III 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
---	--	------------------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C ANDREWS, JOHN</b> <input type="checkbox"/> Delete <b>149 RIDGE ROAD NUTLEY, NJ 07110</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PENDER, MICHAEL R.</b> <input type="checkbox"/> Delete <b>6639 WATERFORD LANE SARASOTA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PP SCHNEIDER, WILLIAM</b> <input checked="" type="checkbox"/> Delete <i>(deceased)</i> <b>63-43 78TH STREET MIDDLE VILLAGE, NY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST PENDER, FRANCINE J.</b> <input type="checkbox"/> Delete <b>6639 WATERFORD LANE SARASOTA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RADER, ROBERT</b> <input type="checkbox"/> Delete <b>5500 BARTON DRIVE ORLANDO, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DIXON, THOMAS</b> <input type="checkbox"/> Delete <b>1416 MIDINA AVE CORAL GABLES, FL 33134</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 exemptions contained 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 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* *MR Pender* **1-6-06 941-923-2590**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #