


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P21571 1. Entity Name WORLD'S FAIR COLLECTORS SOCIETY, INC.	
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Principal Place of Business 6639 WATERFORD LANE SARASOTA, FL 34238	Mailing Address 6639 WATERFORD LANE SARASOTA, FL 34238
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02012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 11-2449028	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. 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**

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

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ANDREWS, JOHN 149 RIDGE ROAD NUTLEY, NJ 07110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENDER, MICHAEL R. 6639 WATERFORD LANE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PENDER, FRANCINE J. 6639 WATERFORD LANE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RADER, ROBERT 5500 BARTON DRIVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXON, THOMAS 1416 MIDINA AVE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000624283
 02/14/07-80025-017 70.00

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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 **2-1-07** **941-923-2590**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #