


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

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-02-2004 90029 050 ****70.00

DOCUMENT # N02000001520			
1. Entity Name STEAM LOCOMOTIVE ASSOCIATION #253, INC.			
Principal Place of Business 4920 S.W. 167TH AVENUE FT. LAUDERDALE FL 33331		Mailing Address 4920 S.W. 167TH AVENUE FT. LAUDERDALE FL 33331	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>SAME</i>		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPRECKELMEIER, STEVEN 4920 S.W. 167TH AVENUE FT. LAUDERDALE FL 33331		Name Street Address (P.O. Box Number is Not Acceptable) <i>N/A</i> 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: <i>Steven J. Small</i>		DATE: <i>3-31-04</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By: May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 '0	
TITLE <input type="radio"/> D NAME STREET ADDRESS CITY - ST - ZIP	D SPRECKELMEIER, STEVEN 4920 S.W. 167TH AVENUE FT. LAUDERDALE FL 33331 <input type="checkbox"/> Delete	TITLE <input type="radio"/> D NAME STREET ADDRESS CITY - ST - ZIP	ADAM S. GOLDBERG 2350 RALEIGH WESTON, FL 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="radio"/> D NAME STREET ADDRESS CITY - ST - ZIP	D SPRECKELMEIER, REBECCA 4920 S.W. 167TH AVENUE FT. LAUDERDALE FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="radio"/> D NAME STREET ADDRESS CITY - ST - ZIP	D BATES, ROBERT 106 EAST BEVERLY RD JUPITER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="radio"/> D NAME STREET ADDRESS CITY - ST - ZIP	D HARPER, ALLEN C 1360 S. DIXIE HIGHWAY CORAL GABLES FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="radio"/> D NAME STREET ADDRESS CITY - ST - ZIP	D BURNS, MICHAEL 4940 HAWKS SW DAVIE FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="radio"/> D NAME STREET ADDRESS CITY - ST - ZIP	D JOHN RUDE 630 N.W. 14TH AVE FT. LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	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 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: <i>Steven J. Small</i> - PRES.		DATE: <i>3-31-04</i> 954-680-7686	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	



MOORE CR2E037 (11/03)

#

4. FEI Number AP-PLIED FOR Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

N/A

ADD

REVISED: 4-15-04
SB