

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90127 032 ****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

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0618304

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPRECKELMEIER, STEVEN
 4920 S.W. 167TH AVENUE
 FT. LAUDERDALE FL 33331

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

Steven J. Sprackelmeier (PRES)

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

(NOTE: Registered Agent signature required when reinstating)

4-27-05

DATE

FILE NOW: FEE IS \$61.25
 Due By May 1, 2005

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

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | OD | <input type="checkbox"/> Delete |
| NAME | SPRECKELMEIER, STEVEN | |
| STREET ADDRESS | 4920 S.W. 167TH AVENUE | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33331 | |
| TITLE | OD | <input type="checkbox"/> Delete |
| NAME | SPRECKELMEIER, REBECCA | |
| STREET ADDRESS | 4920 S.W. 167TH AVENUE | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33331 | |
| TITLE | OD | <input type="checkbox"/> Delete |
| NAME | BATES, ROBERT | |
| STREET ADDRESS | 106 EAST BEVERLY RD | |
| CITY-ST-ZIP | JUPITER FL | |
| TITLE | OD | <input type="checkbox"/> Delete |
| NAME | HARPER, ALLEN C | |
| STREET ADDRESS | 1360 S. DIXIE HIGHWAY | |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BURNS, MICHAEL | |
| STREET ADDRESS | 4940 HAWKS SW | |
| CITY-ST-ZIP | DAVIE FL 33331 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RUDE, JOHN | |
| STREET ADDRESS | 630 N.W. 14TH AVE | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33304 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--|
| TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JAY WATLEY | |
| STREET ADDRESS | (SAME AS CORP.) | |
| CITY-ST-ZIP | | |
| TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RAYMOND MC CALL | |
| STREET ADDRESS | (SAME AS CORP.) | |
| CITY-ST-ZIP | | |
| TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ADAM S. GOLDBERG, JR. | |
| STREET ADDRESS | (SAME AS CORP.) | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

Steven J. Sprackelmeier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-05

DATE

954-680-7686

DAYTIME PHONE #