


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

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000001520 1. Entity Name STEAM LOCOMOTIVE ASSOCIATION #253, INC.	
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Principal Place of Business 4920 S.W. 167TH AVENUE FT. LAUDERDALE, FL 33331	Mailing Address 4920 S.W. 167TH AVENUE FT. LAUDERDALE, FL 33331
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04242006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 02-0618304	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$81.25  
Due by May 1, 2006**

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

**DO NOT WRITE IN THIS SPACE**

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05/09/06-80007-024 70.00

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-25-2006 954  
Daytime Phone #: 680-7686