

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 24, 2007 8:00 am
Secretary of State

08-24-2007 90025 020 ****70.00



DOCUMENT # N02000001520
 1. Entity Name
STEAM LOCOMOTIVE ASSOCIATION #253, INC.

Principal Place of Business Mailing Address
4920 S.W. 167TH AVENUE **4920 S.W. 167TH AVENUE**
FT. LAUDERDALE FL 33331 **FT. LAUDERDALE FL 33331**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

2nd MOORE CR2E037 (4/07)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
02-0618304 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 L. Spreckelmeier* **STEVEN L. SPRECKELMEIER** **8-20-2007**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By September 5, 2007 \$70

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

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 checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

DIRECTOR
MATHEW HOLBROOK
9999 SUMMERBREEZE DR. APT. 311
SUNRISE, FL. 33322

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: *Steven L. Spreckelmeier* **STEVEN L. SPRECKELMEIER** **8-20-2007**
 954-680-7686