


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Aug 01, 2008 8:00 am**  
**Secretary of State**

08-01-2008 90040 007 \*\*\*\*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 (4/08)

City & State      City & State

4. FEI Number      Applied For  
**02-0618304**      Not Applicable

Zip      Country      Zip      Country

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. Spreckelmeier*      DATE: **7-29-08**  
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 September 3, 2008**

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 checked="" type="checkbox"/> Delete
NAME	HOLBROOK, MATHEW	
STREET ADDRESS	9999 SUMMARBREEZE DR APT 311	
CITY-ST-ZIP	SUNRISE FL 33322	
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	<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	
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	

*PLEASE NOTE*

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 J. Spreckelmeier*      DATE: **7-29-08**      PHONE: **954-680-7686**