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Mar 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N05589 (9)  
1. Corporation Name  
FLORIDA FLYWHEELERS ANTIQUE ENGINE CLUB, INC.



Principal Place of Business: 4 PINE RIDGE LAKE WALES FL 33853 US  
Mailing Address: 4 PINE RIDGE LAKE WALES FL 33853-9601 US

3. Date Incorporated or Qualified: 10/10/1984  
3a. Date of Last Report: 03/15/1996

2. Principal Place of Business: 21 7000 AVON PARK CUTOFF RD, FORT MEADE, FL  
2a. Mailing Address: 26 7000 AVON PARK CUTOFF RD, FORT MEADE, FL  
23. City & State: FORT MEADE, FL  
24. Zip: Country: USA

4. FEI Number: 65-0010838  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: BERRY, DORIS M, 4 PINE RIDGE LAKE WALES FL 33853

10. Name and Address of New Registered Agent: 81 Name: RUSSELL, PATSY, 82 Street Address: 2733 RAMSEY DR., 83 APOPKA, 84 City: APOPKA, FL 85 Zip Code: 32703

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
SIGNATURE: Patricia L. Russell (Patsy) DATE: 3-16-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	CHASE, ROGER	1.2 NAME	EDWARDS, RICHARD
STREET ADDRESS	43831 FARABEE RD	1.3 STREET ADDRESS	6401 METZ RD
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	GROVELAND, FL 34736
TITLE	VD	2.1 TITLE	
NAME	RUDD, ALAN	2.2 NAME	
STREET ADDRESS	786 42 CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	BERRY, CLARENCE	3.2 NAME	
STREET ADDRESS	4 PINE RIDGE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	RUSSELL, PATSY
NAME	BERRY, DORIS M	4.2 NAME	PATSY RUSSELL
STREET ADDRESS	4 PINE RIDGE	4.3 STREET ADDRESS	2733 RAMSEY DR
CITY-ST-ZIP	LAKE WALES FL	4.4 CITY-ST-ZIP	APOPKA, FL 32703
TITLE	D	5.1 TITLE	
NAME	DONALDSON, LEWIS	5.2 NAME	
STREET ADDRESS	35445 CLINTON AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D WALMER, HAROLD
NAME	EDWARDS, RICHARD	6.2 NAME	1917 UPPER COVE TERR,
STREET ADDRESS	6401 METZ ROAD	6.3 STREET ADDRESS	SARASOTA, FL 34231
CITY-ST-ZIP	GROVELAND FL	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia L. Russell DATE: 3-16-97 941-696-2787

CFR2037 (9/96)