


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

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90056 013 ****61.25

DOCUMENT # N05589		
1. Entity Name FLORIDA FLYWHEELERS ANTIQUE ENGINE CLUB, INC.		
Principal Place of Business 7000 AVON PK CUTOFF RD FORT MEADE FL 33841 US		Mailing Address P.O. BOX 204 FORT MEADE FL 33841 US



2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2733 Ramsey Drive Suite, Apt. #, etc.	
City & State Zip		City & State Apopka, FL Zip 32703	
Country		Country Orange	

1st MOORE CR2E037 (10/04)

4. FEI Number 65-0010838		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent STHRESHLEY, III, LAWRENCE F 311 N.E. 1ST STREET FORT MEADE FL 33841		7. Name and Address of New Registered Agent Name Patricia L. Russell Street Address (P.O. Box Number is Not Acceptable) 2733 Ramsey Drive City Apopka FL Zip Code 32703

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 **Patricia L. Russell**

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 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARP, MICHAEL 3850 E. STATE ROAD 46 SANFORD FL 32771-9154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWANK, HARRY 5040 OAK CIRCLE SEBRING FL 33870 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Richard Edwards 6401 Metz Rd. Groveland, FL 34736 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STHRESHLEY, III, LAWRENCE F PO BOX 70 FORT MEADE FL 33841 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Richard Ambler P.O. Box 310 Myakka City, FL 34251 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCOTT, KATHY 1963 HWY. 98 N. OKEECHOBEE FL 34972 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Patricia Russell 2733 Ramsey Drive Apopka, FL 32703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DOUGLAS 280 S. SIMPSON STREET MT. DORA FL 32757 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Ruth Gause 23401 Westchester Blvd. Port Charlotte, FL 33980 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUSTAFSON, JACK 4420 JIM BRANCH RD KISSIMMEE FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Patricia L. Russell Patricia L. Russell**

3-22-05

407-889-0310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #