

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001520

FILED
Feb 04, 2015
Secretary of State
CC0013047892

Entity Name: STEAM LOCOMOTIVE ASSOCIATION #253, INC.

Current Principal Place of Business:

1401 N. 2ND STREET
N/A
FORT PIERCE, FL 34950

Current Mailing Address:

5452 NW BRISCOE DRIVE
N/A
PORT ST LUCIE, FL 34986-4045 US

FEI Number: 02-0618304

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ANDRIANOFF, BETTY JEAN SECRETARY-TREASURER
5452 NW BRISCOE DRIVE
N/A
PORT ST LUCIE, FL 34986-4045 US

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.

SIGNATURE: BETTY JEAN ANDRIANOFF

02/04/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY/TREASURER
Name ANDRIANOFF, BETTYJEAN
Address 5452 NW BRISCOE DRIVE
N/A
City-State-Zip: PORT ST LUCIE FL 34986-4045

Title CHIEF MECHANICAL
OFFICER/PRESIDENT
Name BATES, ROBERT
Address 1401 N. 2ND STREET
N/A
City-State-Zip: FORT PIERCE FL 34950

Title DIRECTOR
Name ANDRIANOFF, JOHN
Address 5452 NW BRISCOE DRIVE
N/A
City-State-Zip: PORT ST LUCIE FL 34986-4045

Title VP
Name RUDE, JOHN
Address 630 N.E. 14TH AVE
City-State-Zip: FORT LAUDERDALE FL 33304

Title DIRECTOR
Name MULLER, ART
Address 2598 SE TIFFANY AVENUE
City-State-Zip: PORT ST LUCIE FL 34952

Title DIRECTOR
Name BLACKMON, WILLIAM
Address 2299 SW NEWPORT ISLES BLVD
City-State-Zip: PORT ST LUCIE FL 34953

Title DIRECTOR
Name SPRECKELMEIER, REBECCA
Address 4920 SW 167TH AVENUE
City-State-Zip: FT. LAUDERDALE FL 33331

Title GENERAL COUNSEL
Name GOLDBERG, ADAM
Address 1792 BELL TOWER LANE
City-State-Zip: WESTON FL 33326

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BETTY JEAN ANDRIANOFF

SECRETARY/TREASURER 02/04/2015

Electronic Signature of Signing Officer/Director Detail

Date