

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05589

**Entity Name:** FLORIDA FLYWHEELERS ANTIQUE ENGINE CLUB, INC.

**Current Principal Place of Business:**

7000 AVON PK CUTOFF RD  
FORT MEADE, FL 33841

**FILED**  
**Apr 23, 2019**  
**Secretary of State**  
**9600650177CC**

**Current Mailing Address:**

7000 AVON PK CUTOFF RD  
FORT MEADE, FL 33841 US

**FEI Number: 65-0010838**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BESWICK, GEORGE A  
720 LAKE ELBERT DR SE  
WINTER HAVEN, FL 33880 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title OTHER  
Name GAUSE, CHARLES  
Address 23401 WESTCHESTER BLVD  
City-State-Zip: PORT CHARLOTTE FL 33980

Title PRESIDENT  
Name SIMCO, THOMAS  
Address 7474 CLEVELAND DR  
City-State-Zip: PUNTA GORDA FL 33982

Title T  
Name CRANDALL, MICHAEL A  
Address 3920 TIGER CREEK TRAIL  
City-State-Zip: LAKE WALES FL 33898

Title S  
Name BESWICK, GEORGE A  
Address 720 LAKE ELBERT DR SE  
City-State-Zip: WINTER HAVEN FL 33880

Title D  
Name HAINES, HARVEY  
Address 7269 E HORSE HAMMOCK RD  
City-State-Zip: AVON PARK FL 33825

Title VP  
Name KREGL, JOHN  
Address PO BOX 3426  
City-State-Zip: LAKE WALES FL 33859

Title DIRECTOR  
Name SIMCO, PHILIP  
Address 3301 ARECA ST  
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR  
Name ZOBEL, RON  
Address 6672 SE 56TH ST  
City-State-Zip: OKEECHOBEE FL 34974

**Continues on page 2**

*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: MICHAEL A CRANDALL**

**TREASURER**

**04/23/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ECKHOFF, DOUG  
Address 26004 NOTRE DAME BLVD  
City-State-Zip: PUNTA GORDA FL 33955

Title DIRECTOR  
Name SHEPARD, MARK  
Address 60017 CR 687E  
City-State-Zip: DOWAGIAC MI 49047

Title DIRECTOR  
Name PASCAL, JOHN  
Address 11600 NW 12TH  
City-State-Zip: PLANTATION FL 33323

Title DIRECTOR  
Name BABIARZ, ALAN Z  
Address 436 N HAVANA ROAD  
City-State-Zip: VENICE FL 34292