

**2016 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**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 P  
Name GAUSE, CHARLES  
Address 23401 WESTCHESTER BLVD  
City-State-Zip: PORT CHARLOTTE FL 33980

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

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

Title DIRECTOR  
Name HIGGINS, GENE  
Address 3101 PORCH ROCK RD  
City-State-Zip: PIKEVILLE TN 37367

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

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

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

Title DIRECTOR  
Name DODD, DONALD  
Address 316 THORNHILL EST CT  
City-State-Zip: WINTER HAVEN FL 33880

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*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****03/10/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HOAGLIN, HAROLD  
Address PO BOX 429  
City-State-Zip: CLEVELAND AL 35049

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

Title DIRECTOR  
Name SAYLOR, JAMES C  
Address 3281 RICHMOND PALESTINE RD  
City-State-Zip: NEW MADISON OH 45346

Title DIRECTOR  
Name AMBLER, RICHARD  
Address PO BOX 310  
City-State-Zip: MYAKKA CITY FL 34251

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

Title DIRECTOR  
Name SAVAGE, KEVIN  
Address 15485 HWY 27  
City-State-Zip: LAKE WALES FL 33859