

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000004331

**Entity Name:** MID-FLORIDA ANTIQUE MACHINERY CLUB, INC

**Current Principal Place of Business:**

7935 SE 121 PLACE  
BELLEVIEW, FL 34420

**Current Mailing Address:**

7935 SE 121 PLACE  
BELLEVIEW, FL 34420 US

**FEI Number:** 83-0517212

**Certificate of Status Desired:** No

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

CLEARWATER, STEVE  
7935 SE 121 PLACE  
BELLEVIEW, FL 34420 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:** STEVE CLEARWATER

02/25/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BENJAMIN, CALVIN  
Address 6530 SE 135TH STREET  
City-State-Zip: SUMMERFIELD FL 34491

Title DIRECTOR  
Name HAAS, DANIEL P  
Address 4406 SW 102ND LANE ROAD  
City-State-Zip: OCALA FL 34476

Title SECRETARY, DIRECTOR  
Name TYRIE, RONALD  
Address 548 S CANDELNUT AVE  
City-State-Zip: HOMOSASSA FL 34448

Title VP, DIRECTOR  
Name ALBRECHT, DENNIS  
Address 501 SE 95TH ST  
City-State-Zip: OCALA FL 34480

Title DIRECTOR  
Name BURGESS, ROBERT  
Address 10373 SE 110TH CT  
City-State-Zip: OCKLAWAHA FL 32179

Title PRESIDENT, DIRECTOR  
Name CLEARWATER, STEVE  
Address 7935 SE 121 PLACE  
City-State-Zip: BELLEVIEW FL 34420

Title TREASURER, DIRECTOR  
Name ARBUTHNOT, CHARLES  
Address 6156 W WOODSIDE CIR  
City-State-Zip: CRYSTAL RIVER FL 34429

Title DIRECTOR  
Name SMALLRIDGE, MIKE  
Address 5911 TROUBLE CREEK RD  
City-State-Zip: NEW PORT RICHEY FL 34656

**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:** RONALD D TYRIE

**SECRETARY**

02/25/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            ALMGREN, MARY  
Address        5253 SE 38TH STREET  
                  P.O. BOX 830501  
City-State-Zip: Ocala FL 34453