

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

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90134 019 ****61.25

DOCUMENT # 765122

1. Entity Name

THE ANTIQUE OUTBOARD MOTOR CLUB, INC.



Principal Place of Business

% DENNIS EVINRUDE
P.O. BOX 203
PEWAUKEE WI 53072

Mailing Address

% DENNIS EVINRUDE
P.O. BOX 203
PEWAUKEE WI 53072



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/04)

Zip

Country

Zip

Country

4. FEI Number

59-2258428

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, RICHARD M.
1503 WINTER ROAD
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

Name **EMMANUEL, GEORGE J. III**

Street Address (P.O. Box Number is Not Acceptable)

1841 NW 23 TERRACE

City **Gainesville**

FL

Zip Code **32605**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/05

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

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SCHEURER, BETTY	
STREET ADDRESS	1302 FLEMING FALLS RD	
CITY-ST-ZIP	MANSFIELD OH 44903	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TOWNSEND, EUGENE	
STREET ADDRESS	RURAL RT. 2, BOX 26	
CITY-ST-ZIP	ARLINGTON NE	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EVINRUDE, DENNIS	
STREET ADDRESS	569 HARTRIDGE DR	
CITY-ST-ZIP	HARTLAND WI	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMMANUEL, GEORGE	
STREET ADDRESS	1841 NW 23 Terrace	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05 (352) 219-3730

Date Daytime Phone #