


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 24, 2007 8:00 am**  
**Secretary of State**

08-24-2007 90025 020 \*\*\*\*70.00

<b>DOCUMENT # N02000001520</b>	
1. Entity Name <b>STEAM LOCOMOTIVE ASSOCIATION #253, INC.</b>	

Principal Place of Business <b>4920 S.W. 167TH AVENUE FT. LAUDERDALE FL 33331</b>	Mailing Address <b>4920 S.W. 167TH AVENUE FT. LAUDERDALE FL 33331</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>02-0618304</b>		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

2nd MOORE CR2E037 (4/07)



6. Name and Address of Current Registered Agent <b>SPRECKELMEIER, STEVEN 4920 S.W. 167TH AVENUE FT. LAUDERDALE FL 33331</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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	<i>Steven L. Spreckelmeier</i> <b>STEVEN L. SPRECKELMEIER</b>	DATE <b>8-20-2007</b>

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By September 5, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	OD <input type="checkbox"/> Delete
NAME	<b>SPRECKELMEIER, STEVEN</b>
STREET ADDRESS	<b>4920 S.W. 167TH AVENUE</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33331</b>
TITLE	OD <input type="checkbox"/> Delete
NAME	<b>SPRECKELMEIER, REBECCA</b>
STREET ADDRESS	<b>4920 S.W. 167TH AVENUE</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33331</b>
TITLE	OD <input type="checkbox"/> Delete
NAME	<b>BATES, ROBERT</b>
STREET ADDRESS	<b>106 EAST BEVERLY RD</b>
CITY-ST-ZIP	<b>JUPITER FL</b>
TITLE	OD <input type="checkbox"/> Delete
NAME	<b>HARPER, ALLEN C</b>
STREET ADDRESS	<b>1360 S. DIXIE HIGHWAY</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	<del><b>BURNS, MICHAEL</b></del>
STREET ADDRESS	<del><b>4940 HAWKES SW</b></del>
CITY-ST-ZIP	<del><b>DAVIE FL 33331</b></del>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>RUDE, JOHN</b>
STREET ADDRESS	<b>630 N.W. 14TH AVE</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33304</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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 checked="" type="checkbox"/> Addition
NAME	<b>DIRECTOR</b>
STREET ADDRESS	<b>MATHEW HOLBROOK</b>
CITY-ST-ZIP	<b>9999 SUMMERBREEZE DR. APT. 311</b>
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 exemptions contained in Chapter 119, 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:	<i>Steven L. Spreckelmeier</i> <b>STEVEN L. SPRECKELMEIER</b>
	<b>8-20-2007</b>

954-680-7686