

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90257 024 ****61.25

DOCUMENT # N05589

1. Entity Name

FLORIDA FLYWHEELERS ANTIQUE ENGINE CLUB, INC.



Principal Place of Business

7000 AVON PK CUTOFF RD
FORT MEADE FL 33841
US

Mailing Address

2733 RAMSEY DRIVE
APOPKA FL 32703
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0010838

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, PATRICIA L
2733 RAMSEY DRIVE
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name

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

City

FL

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 *Patricia L. Russell*

Patricia L. Russell

3-1-06

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

(NOTE: Registered Agent signature required when restate(s))

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 D ☐ Delete
NAME SHARP, MICHAEL
STREET ADDRESS 3850 E. STATE ROAD 46
CITY-ST-ZIP SANFORD FL 32771-9154

TITLE PD ☐ Delete
NAME EDWARDS, RICHARD
STREET ADDRESS 6401 METZ RD
CITY-ST-ZIP GROVELAND FL 34736

TITLE VP ☐ Delete
NAME AMBLER, RICHARD
STREET ADDRESS P.O. BOX 310
CITY-ST-ZIP MYAKKA CITY FL 34251

TITLE SD ☐ Delete
NAME RUSSELL, PATRICIA
STREET ADDRESS 2733 RAMSEY DRIVE
CITY-ST-ZIP APOPKA FL 32703

TITLE TD ☐ Delete
NAME GAUSE, RUTH
STREET ADDRESS 23401 WESTCHESTER BLVD
CITY-ST-ZIP PORT CHARLOTTE FL 33980

TITLE D ☐ Delete
NAME GUSTAFSON, JACK
STREET ADDRESS 4420 JIM BRANCH RD
CITY-ST-ZIP KISSIMMEE FL 34744

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☒ Change ☐ Addition
NAME Richard Edwards
STREET ADDRESS 6401 Metz Rd.
CITY-ST-ZIP Groveland, FL 34736

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE President ☒ Change ☐ Addition
NAME Jack (John) Gustafson
STREET ADDRESS 4420 Jim Branch Rd.
CITY-ST-ZIP Kissimmee, FL 34744

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Patricia L. Russell*

Patricia L. Russell 3-1-06

407-889-0310