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

FILED
Mar 14, 2007 8:00 am
Secretary of State
03-14-2007 90036 037 ****61.25

DOCUMENT # N12863

1. Entity Name

FLORIDA ANTIQUE POWER CLUB, INC.

Principal Place of Business	Mailing Address
DICK WOLFERT 18514 COAT S SPRING HILL FL 34610 US	DICK WOLFERT 18514 COAT S SPRING HILL FL 34610 US

1st MOORE CR2E037 (10/06)

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 59-2637240 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOWEN, BONNIE L 6145 CEDAR ST NE SAINT PETERSBURG FL 33703	Name: Dick Wolfert Street Address (P.O. Box Number is Not Acceptable): 18514 Coats St. City: Spring Hill, FL Zip Code: 34610

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: DICK WOLFERT Dick Wolfert Feb. 24, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2007	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD WOLFERT, DICK 18514 COATS ST SPRING HILL FL 34610	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SD WOLFERT, BRENDA 18514 COATS ST SPRING HILL FL 34610	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TD BOWEN, BONNIE L 6145 CEDAR STREET, NE ST. PETERSBURG FL	☒ Delete	TD PAT RYAN 5471 49th AVE. ST. PETERSBURG FL 33709	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D BOWEN, MIKE 6145 CEDAR STREET, NE ST. PETERSBURG FL 33703	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D FISHER, LESTER 7946 CALLON CT NEW PORT RICHEY FL 34654	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D JOEY RUGENSTEIN 4822 LAKEWOOD Rd SEBRING FL 33875	☐ Delete		☐ Change ☐ Addition

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: DICK WOLFERT Dick Wolfert Feb 24, 2007 727-856-6842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #