

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12863

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: FLORIDA ANTIQUE POWER CLUB, INC.

## Current Principal Place of Business:

DICK WOLFERT  
18514 COAT S  
SPRING HILL, FL 34610 US

## New Principal Place of Business:

## Current Mailing Address:

DICK WOLFERT  
18514 COAT S  
SPRING HILL, FL 34610 US

## New Mailing Address:

FEI Number: 59-2637240      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOLFERT, DICK  
18514 COATS ST  
SPRING HILL, FL 34610 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WOLFERT, DICK  
Address: 18514 COATS ST  
City-St-Zip: SPRING HILL, FL 34610

Title: SD ( ) Delete  
Name: WOLFERT, BRENDA  
Address: 18514 COATS ST  
City-St-Zip: SPRING HILL, FL 34610

Title: TD ( ) Delete  
Name: RYAN, PAT  
Address: 5471 49TH AVE  
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: D ( ) Delete  
Name: BOWEN, MIKE  
Address: 6145 CEDAR STREET, NE  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: D ( ) Delete  
Name: FISHER, LESTER  
Address: 7946 CALLON CT  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D ( ) Delete  
Name: RUGENSTEIN, JOEY  
Address: 4822 LAKEWOOD RD  
City-St-Zip: SEBRING, FL 33875

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: RUGENSTEIN, RICKY  
Address: 4822 LAKEWOOD RD.  
City-St-Zip: SEABRING, FL 33875

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DICK WOLFERT

PD

01/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date