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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000848 (9)**

1. Corporation Name

YESTERYEAR ANTIQUE POWER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

18213 SE FAIRVIEW CIR
TEQUESTA FL 33469

18213 SE FAIRVIEW CIR
TEQUESTA FL 33469-1807



3. Date Incorporated or Qualified **02/19/1996** 3a. Date of Last Report

2. Principal Place of Business **16646 79th Ct. N. Loxahatchee, FL** 2a. Mailing Address **16646 79th Ct. N. Loxahatchee, FL 33470**

4. FEI Number **65-0679203** Applied For ☐ Not Applicable ☒

21 Suite, Apt. #, etc. 27 City & State

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

23 **Loxahatchee, FL** 28 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **33470** 25 Country 29 Zip 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RYAN, JAMES D
712 US HWY ONE
SUITE 400
NORTH PALM BEACH FL 33408**

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAND, KAY	
STREET ADDRESS	747 ILENE ROAD W	
CITY - ST - ZIP	WEST PALM BEACH FL 33415	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MITCHELL, TIM	
STREET ADDRESS	959 HYDE PARK RD	
CITY - ST - ZIP	LOXAHATCHEE FL 33470	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ST. DENIS, RAY	
STREET ADDRESS	757 ARLINGTON DR	
CITY - ST - ZIP	WEST PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WAGNER, GAY	
STREET ADDRESS	4279 LEO LN	
CITY - ST - ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	S.T. Terri L. Reilly	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	16646 79th Ct. North	
1.3 STREET ADDRESS	Loxahatchee, FL	
1.4 CITY - ST - ZIP	33470	
2.1 TITLE	P. Tim Mitchell	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	959 Hyde Park Rd	
2.3 STREET ADDRESS	Loxahatchee, FL	
2.4 CITY - ST - ZIP	33470	
3.1 TITLE	D. Bob Engel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	8171 112th Terrace N	
3.3 STREET ADDRESS	Palm Beach Gardens, FL	
3.4 CITY - ST - ZIP	33412	
4.1 TITLE	D. Alan Proudfoot	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	144 Gulls Nest	
4.3 STREET ADDRESS	ROYAL Palm Beach, FL	
4.4 CITY - ST - ZIP	33411	
5.1 TITLE	D. Johnny Perez	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	P.O. Box 101	
5.3 STREET ADDRESS	Odessa, FL	
5.4 CITY - ST - ZIP	33556	
6.1 TITLE	V. Freda Reilly	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	16646 79th Ct N.	
6.3 STREET ADDRESS	Loxahatchee, FL	
6.4 CITY - ST - ZIP	33470	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Terri L. Reilly** **8-24-97** **561-969-7300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0044326

CR2E037 (9/96)