

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004504

FILED  
Feb 02, 2009  
Secretary of State

**Entity Name:** NORTH FLORIDA ANTIQUE ENGINE ASSOCIATION INC.

**Current Principal Place of Business:**

121 ODOM RD  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

121 ODOM RD  
PALATKA, FL 32177

**New Mailing Address:**

**FEI Number:** 59-3550878

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARCHIBALD, PATRICIA  
121 ODOM RD  
PALATKA, FL 32177 US

**Name and Address of New Registered Agent:**

ARCHIBALD, PATRICIA E  
121 ODOM RD  
PALATKA, FL 32177 US

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: PATRICIA E. ARCHIBALD

02/02/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SIVERT, WILLIAM  
Address: 1910 SE 170TH AVE.  
City-St-Zip: SILVER SPRINGS, FL 34488

Title: VP ( ) Delete  
Name: BENNETT, RELL  
Address: 7259 E. 69TH LANE  
City-St-Zip: TRENTON, FL 32693

Title: D ( ) Delete  
Name: SMITH, KENNETH  
Address: PO BOX 1123  
City-St-Zip: HAWTHORNE, FL 32640

Title: D ( ) Delete  
Name: DILKES, ROBERT  
Address: 16750 SE 95TH ST. RD.  
City-St-Zip: OCKLAWAHA, FL 32179

Title: D ( ) Delete  
Name: LESNETT, GLEN  
Address: 3114 STRAWBERRY LANE  
City-St-Zip: LAKELAND, FL 33801

Title: SD ( ) Delete  
Name: ARCHIBALD, PATRICIA  
Address: 121 ODOM RD.  
City-St-Zip: PALATKA, FL 32177

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: PICKWORTH, RONALD  
Address: 3756 FRYE AVE W.  
City-St-Zip: JACKSONVILLE, FL 32210

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

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: PATRICIA E. ARCHIBALS

SD

02/02/2009

Electronic Signature of Signing Officer or Director

Date