

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12863

Entity Name: FLORIDA ANTIQUE POWER CLUB, INC.**Current Principal Place of Business:**DICK WOLFERT
286 NE 112 AVE
OLD TOWN, FL 32680**Current Mailing Address:**DICK WOLFERT
286 NE 112 AVE
OLD TOWN, FL 32680 US**FEI Number:** 59-2637240**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WOLFERT, DICK
286 NE 112 AVE
OLD TOWN, FL 32680 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title P
Name WOLFERT, DICK
Address 286 NE 112 AVE
City-State-Zip: OLD TOWN FL 32680Title VP
Name RYAN, LEE
Address 5471 49TH AVE
City-State-Zip: SAINT PETESBURG FL 33709Title T
Name RYAN, PAT
Address 5471 49TH AVE
City-State-Zip: SAINT PETERSBURG FL 33709Title SEC
Name WOLFERT, BRENDA
Address 286 NE 112 AVE
City-State-Zip: OLD TOWN FL 32680Title D
Name RUGENSTEIN, RICKY
Address 4822 LAKEWOOD RD.
City-State-Zip: SEABRING FL 33875Title D
Name RUGENSTEIN, JOEY
Address 4822 LAKEWOOD RD
City-State-Zip: SEBRING FL 33875

I hereby 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 all other like empowered.

SIGNATURE: DICK WOLFERT

PRES.

01/10/2015

Electronic Signature of Signing Officer/Director Detail_____
Date