


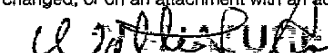
FILE NOW: FILING FEE IS \$61.25

FILED

Jan 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 711836 (7) 1. Corporation Name RIDGE MODEL RAILROAD CLUB, INC.					
Principal Place of Business 212 N. LAKE HARTRIDGE DR. WINTER HAVEN FL 33881 US		Mailing Address 212 N. LAKE HARTRIDGE DR. WINTER HAVEN FL 33881 US			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/23/1966 4. FEI Number 59-2892185 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. Name and Address of Current Registered Agent ROBERGE, JR. W L 212 N. LAKE HARTRIDGE DR. WINTER HAVEN FL 33881			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		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	DELETE	1.1 TITLE	Change Addition	
NAME	DAHL, HENRY		1.2 NAME		
STREET ADDRESS	99 SWANEE DR S.W.		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE	VP	
NAME	KANE, KEVIN		2.2 NAME	J. J. LONG	
STREET ADDRESS	29 LAKE LINK CIRCLE		2.3 STREET ADDRESS	400 SUWANNEE RD	
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	ST	DELETE	3.1 TITLE	Change Addition	
NAME	ROBERGE, WALTER		3.2 NAME		
STREET ADDRESS	212 N LAKE HARTRIDGE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		3.4 CITY-ST-ZIP		
TITLE	D	DELETE	4.1 TITLE	Change Addition	
NAME	WILLIAMS, KEITH		4.2 NAME		
STREET ADDRESS	2307 FAIRWAY LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL		4.4 CITY-ST-ZIP		
TITLE	P	DELETE	5.1 TITLE	D	
NAME	WILKES, JOHN		5.2 NAME		
STREET ADDRESS	2821 THORNHILL RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		5.4 CITY-ST-ZIP		
TITLE	VP	DELETE	6.1 TITLE	P	
NAME	KAPSER, ED		6.2 NAME		
STREET ADDRESS	126 WALK-IN-WAZER CREEK RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		6.4 CITY-ST-ZIP		

14. I 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:  REQUIRED

1/5/98

CR2E037 (10/97)