

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002010

Entity Name: OCALA MODEL RAILROADERS HISTORIC PRESERVATION SOCIETY INCORPORATED**Current Principal Place of Business:**1247 NE 3RD STREET
OCALA, FL 34470**Current Mailing Address:**P O BOX 6235
OCALA, FL 34478-6235**FEI Number: 65-0739660****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STUTO, THOMAS
9688 SW 45TH AVE.
OCALA, FL 34476 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: THOMAS STUTO

01/19/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name DELAWTER, JAMES
Address 4195 SW 115TH STREET
City-State-Zip: Ocala FL 34476

Title VP
Name SHAPIRO, MARTIN
Address 3079 NE 103RD STREET
City-State-Zip: SILVERSPRINGS FL 34488

Title TREASURER
Name STUTO, THOMAS
Address 2529 NW 48TH AVENUE RD
City-State-Zip: Ocala FL 34482

Title SECRETARY
Name FRISBIE, NEAL
Address 216 SE 31ST AVE
City-State-Zip: Ocala FL 34471

Title DIRECTOR
Name FLYNN, THOMAS
Address 4652 NW 35TH STREET
City-State-Zip: Ocala FL 34482

Title DIRECTOR
Name TAYLOR, DAVID
Address 3825 NE 3RD STREET
City-State-Zip: Ocala FL 34470

Title DIRECTOR
Name GETSEE, KEITH
Address 17881 NE 24TH STREET
City-State-Zip: CITRA FL 32113

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: THOMAS STUTO

TREASURER

01/19/2021

Electronic Signature of Signing Officer/Director Detail

Date