2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 702908

1. Entity Name
GOLD COAST RAILROAD MUSEUM, INC.

Principal Place of Business	Mailing Address
12450 SW 152ND ST. MIAMI, FL 33177-8402	12450 SW 152ND ST. MIAMI, FL 33177-8402

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01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-6136069

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

6. Name and Address of Current Registered Agent

MCLEAN, JOHN F
3400 MAIN HIGHWAY
MIAMI, FL 33133

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8. 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. I am familiar with, and the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	MCLEAN, JOHN
STREET ADDRESS	12450 SOUTHWEST 152 STREET
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	PD
NAME	GREER, CONNIE
STREET ADDRESS	12450 SOUTHWEST 152 STREET
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	SD
NAME	JONES, JAIME
STREET ADDRESS	12450 SOUTHWEST 152 STREET
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	VD
NAME	BRANN, TOM
STREET ADDRESS	12450 SOUTHWEST 152 STREET
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/12/06-00078-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Connie Greer Connie Greer 4-24-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #