

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90093 005 ****61.25

DOCUMENT # 702908

1. Entity Name
GOLD COAST RAILROAD MUSEUM, INC.



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

Mailing Address
**12450 SW 152ND ST.
MIAMI, FL 33177-8402**

DO NOT WRITE IN THIS SPACE



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-6136069

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCLEAN, JOHN F
3813 MATHESON AVE
MIAMI, FL 33133

**DO NOT WRITE
IN THIS SPACE**

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 accept the obligations of registered agent.

SIGNATURE: *John F. McLean* *John F. McLean* *1/20/07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
MCLEAN, JOHN
12450 SOUTHWEST 152 STREET
MIAMI, FL 33177**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
GREER, CONNIE
12450 SOUTHWEST 152 STREET
MIAMI, FL 33177**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
JONES, JAIME
12450 SOUTHWEST 152 STREET
MIAMI, FL 33177**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
BRANN, TOM
12450 SOUTHWEST 152 STREET
MIAMI, FL 33177**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Connie Greer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #