

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707747 (2)
1. Corporation Name
SUNSHINE REGION, NATIONAL MODEL RAILROAD ASSOCIATION, INC.

Principal Place of Business
**2233 NURSERY ROAD
STE. 1A
CLEARWATER FL 34624
US**

Mailing Address
**2233 NURSERY ROAD
STE. 1A
CLEARWATER FL 34624
US**



3. Date Incorporated or Qualified **08/25/1964** 3a. Date of Last Report **04/07/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24	Country	29	Zip				
25	Country	30	Country				

9. Name and Address of Current Registered Agent

**ROBERGE, WALTER L
212 N. LAKE HARTRIDGE DRIVE
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	FL
85	Zip Code	

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 state if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P/D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GOODWIN, HOWARD			1.2 NAME			
STREET ADDRESS	1815 NW 67TH A.			1.3 STREET ADDRESS			
CITY-ST-ZIP	MARGATE FL 33063			1.4 CITY-ST-ZIP			
TITLE	S/D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROBERGE, WALTER L			2.2 NAME			
STREET ADDRESS	212 N. LAKE HARTRIDGE DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL 33881			2.4 CITY-ST-ZIP			
TITLE	VP/D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FUSSELL, LYMAN			3.2 NAME			
STREET ADDRESS	135 SULKY WAY			3.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33414			3.4 CITY-ST-ZIP			
TITLE	T/D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	FULTHORPE, DOUGLAS R			4.2 NAME			
STREET ADDRESS	2233 NURSERY ROAD, 1A			4.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			4.4 CITY-ST-ZIP			34624
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	FELLOWS, BILL			5.2 NAME			
STREET ADDRESS	1719 PAPAYA DR. E.			5.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL			5.4 CITY-ST-ZIP			32073
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HANSEN, THOMAS			6.2 NAME			
STREET ADDRESS	4559 APPALOOSA STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL			6.4 CITY-ST-ZIP			34233

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *D.R. Fulthorpe* Douglas R. Fulthorpe, Treas 3-12-96 813-538-4779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)