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FILED

Feb 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707747 (2)

1. Corporation Name

SUNSHINE REGION, NATIONAL MODEL RAILROAD ASSOCIA
TION, INC.

Principal Place of Business

Mailing Address

2233 NURSERY ROAD
STE. 1A
CLEARWATER FL 34624
US2233 NURSERY ROAD
STE. 1A
CLEARWATER FL 34624-7688
US3. Date Incorporated or Qualified
08/25/19643a. Date of Last Report
03/19/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERGE, WALTER L
212 N. LAKE HARTRIDGE DRIVE
WINTER HAVEN FL 33881

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 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 P/D ☒ DELETE
NAME GOODWIN, HOWARD
STREET ADDRESS 1815 NW 67TH A.
CITY-ST-ZIP MARGATE FL 330631.1 TITLE VP/D ☐ Change ☒ Addition
1.2 NAME Robert Greenbaum
1.3 STREET ADDRESS 7959 9th Ave S.
1.4 CITY-ST-ZIP St. Petersburg, FL 33707TITLE S/D ☐ DELETE
NAME ROBERGE, WALTER L
STREET ADDRESS 212 N. LAKE HARTRIDGE DR.
CITY-ST-ZIP WINTER HAVEN FL 338812.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE VP/D ☐ DELETE
NAME FUSSELL, LYMAN
STREET ADDRESS 135 SULKY WAY
CITY-ST-ZIP WEST PALM BEACH FL 334143.1 TITLE P/D ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE T/D ☒ DELETE
NAME FULTHORPE, DOUGLAS R
STREET ADDRESS 2233 NURSERY ROAD, 1A
CITY-ST-ZIP CLEARWATER FL4.1 TITLE T/D ☐ Change ☒ Addition
4.2 NAME Robert E. Chait
4.3 STREET ADDRESS 1711 S. Andrews Ave.
4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33316TITLE D ☐ DELETE
NAME FELLOWS, BILL
STREET ADDRESS 1719 PAPAYA DR. E.
CITY-ST-ZIP ORANGE PARK FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME BEATTY, JAMES M.
STREET ADDRESS 5452 BENEVA WOODS CIRCLE
CITY-ST-ZIP SARASOTA FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: *Walter L. Roberge Jr.* 1/14/97 941-956-4112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)