## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Jan 20, 2004 8:00 am Secretary of State **DOCUMENT # 707747** SUNSHINE REGION, NATIONAL MODEL RAILROAD 01-20-2004 90072 038 \*\*\*\*61.25 ASSOCIATION, INC. Principal Place of Business Mailing Address 1704 SOUTH LAKE REEDY BLVD. 1704 SOUTH LAKE REEDY BLVD. FROSTPROOF, FL 33843 FROSTPROOF, FL 33843 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122004 Cha-NP CR2E037 (10/03) City & State City & State 4. FEI Number NOT APPLICABLE Applied For Not Applicable Zip 7in Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GANGWISH, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1704 S. LAKE REEDY BLVD. FROSTPROOF, FL 33843 Zip Code FL 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee. is: \$61.25 Trust Fund Contribution. Florida Department of State and Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. . . . OFFICERS AND DIRECTORS Change ΠΠF ☐ Delete TITLE ortuni. Addition GREENBAUM, ROBERT NAME NAME STREET ADDRESS 7959 9TH AVE S STREET ADDRESS - i..... CITY-ST-ZIP ST PETERSBURG, FL CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GANGWISH, ROBERT NAME MAME STREET ADDRESS 1704 S LAKE REEPY BLVD STREET ADDRESS CITY-ST-7IP FROSTPROFF, FL 33843 CITY-ST-78P TITLE ☐ Delete ☐ Change ППF ☐ Addition NAME KASPER, ED NAME 126 WALK IN WATER CREEK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP TITLE ☐ Delete Addition ROBERGE, WALTER NAME NAME STREET ADDRESS 212 N. LAKE HARTRIDGE DR., NW STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WINTER HAVEN, FL 33414 Addition TITLE ☐ Delete TITLE ☐ Change SEEDS, STAN NAME NAME STREET ADDRESS 14660 HIGHLAND HARBOR CT STREET ADDRESS FT MYERS, FL 339084938 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ..... ☐ Change Addition the secondary NAME NAME G. - W. 11 15 651 STREET ADDRESS STREET ADDRESS

**FILED** 

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 cath; 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:

\*\*CONSTRUCTOR\*\*

\*\*PROPRIES AND TYPED OF PRINTED MANE OF STANDING OFFICER OR DIRECTOR\*

\*\*DIRECTOR\*\*

\*\*PROPRIES AND TYPED OF PRINTED MANE OF STANDING OFFICER OR DIRECTOR\*

\*\*DIRECTOR\*\*

\*\*DIRECTOR\*

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CITY-ST-ZIP

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