


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

05-12-2006 90028 033 \*\*\*\*61.25

<b>DOCUMENT # 707747</b> 1. Entity Name <b>SUNSHINE REGION, NATIONAL MODEL RAILROAD ASSOCIATION, INC.</b>					
Principal Place of Business <b>1704 SOUTH LAKE REEDY BLVD. FROSTPROOF, FL 33843 US</b>			Mailing Address <b>1704 SOUTH LAKE REEDY BLVD. FROSTPROOF, FL 33843 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GANGWISH, ROBERT 1704 S. LAKE REEDY BLVD. FROSTPROOF, FL 33843</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBAUM, ROBERT		NAME		
STREET ADDRESS	7959 9TH AVE S		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANGWISH, ROBERT		NAME		
STREET ADDRESS	1704 S LAKE REEPLY BLVD		STREET ADDRESS		
CITY-ST-ZIP	FROSTPROFF, FL 33843		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYNARD, LES		NAME		
STREET ADDRESS	128 15 AVE N		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERGE, WALTER		NAME		
STREET ADDRESS	212 N. LAKE HARTRIDGE DR., NW		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33414		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEEDS, STAN		NAME		
STREET ADDRESS	14660 HIGHLAND HARBOR CT		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 339084938		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	AL FRANSOY, JR. MAIR	
STREET ADDRESS			STREET ADDRESS	732 LAUREL AVE.	
CITY-ST-ZIP			CITY-ST-ZIP	VENICE, FL 34285-4717	
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.					
<b>SIGNATURE: <i>Robert V. Gangwish</i> ROBERT V. GANGWISH</b>			<b>2-22-06 863-635-2003</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		