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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **719028** (3)

1. Corporation Name

TAVARES AND GULF MODEL RAILROAD AND HISTORICAL SOCIETY, INC.



Principal Place of Business

Mailing Address

**104 NW LANCASTER STREET
P O BOX 1267
TRENTON FL 32693**

**104 NW LANCASTER STREET
P O BOX 1267
TRENTON FL 32693-1267**

3. Date Incorporated or Qualified
12/29/1970

3a. Date of Last Report
07/26/1996

2. Principal Place of Business

2a. Mailing Address

21 416 N. Main St. PO Box 1267

26 416 N. Main St. PO Box 1267

4. FEI Number

23-7073827

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Trenton, FL 32693

28 Trenton, FL 32693

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FORBES, CLYDE S., JR.
104 NW LANCASTER STREET
TRENTON FL 32693**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
416 N. Main St.

83 **Trenton, FL 32693**

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 **PDT** ☐ DELETE
NAME **FORBES, CLYDE S., JR.**
STREET ADDRESS **P.O. BOX 1267 NA**
CITY-ST-ZIP **TRENTON, FL 0**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE
NAME **SHIPES, RICHARD G JR**
STREET ADDRESS **21235 WOLFBRANCH RD**
CITY-ST-ZIP **MOUNT DORA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **DUSENBURY, WILLIAM**
STREET ADDRESS **20-203 SANDALWOOD DR**
CITY-ST-ZIP **WILDWOOD FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 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: **Clyde S. Forbes Jr.**

4/10/97

(352) 463-1103

CR2E037 (9/96)