


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90093 012 ****70.00

DOCUMENT # 719028 1. Entity Name TAVARES AND GULF MODEL RAILROAD AND HISTORICAL SOCIETY, INC.																																																																																																																																									
Principal Place of Business TRENTON FL 32693 P O BOX 1267 TRENTON FL 32693 US		Mailing Address 416 N. MAIN ST P O BOX 1267 TRENTON FL 32693 US																																																																																																																																							
2. Principal Place of Business 1022 EAST WADE STREET		3. Mailing Address Suite, Apt. #, etc.																																																																																																																																							
City & State TRENTON FL		City & State Suite, Apt. #, etc.		4. FEI Number 23-7073827																																																																																																																																					
Zip 32693		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																					
6. Name and Address of Current Registered Agent FORBES, CLYDE S., JR. 416 N. MAIN ST TRENTON FL 32693				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																																					
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																									
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																					
Make Check Payable to Florida Department of State																																																																																																																																									
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12. I 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 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.																																																																																																																																									
SIGNATURE: <u>Clyde S Forbes</u> 1-27-04 352-463-1103 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																									