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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

* 129880 · 90024 · 12 *

DOCUMENT # 728684

1. Corporation Name

GULF WIND CHAPTER NATIONAL RAILWAY HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
PO BOX 3490 TALLAHASSEE FL 32315 US	2306 LIMERICK DR. TALLAHASSEE FL 32308 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/30/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2949008 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 25	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SCHROEDER,EDWIN M.
806 MIDDLEBROOKS CIRCLE
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KOENIG, WILLIAM J		1.2 NAME		
STREET ADDRESS	3840 CASTLEBERRY DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	SAYES, ROBERT S.		2.2 NAME		
STREET ADDRESS	1560 CRISTOBAL DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	32304	
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	ZAMPINO, ANTHONY		3.2 NAME		
STREET ADDRESS	14200 RED HAWK RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	32312	
TITLE	STD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	BOYLE, WILLIAM E., JR.		4.2 NAME		
STREET ADDRESS	2306 LIMERICK DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	32308	
TITLE	VD	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	WEISSINGER, KENT L.		5.2 NAME	DAVE FERRO	
STREET ADDRESS	902 MCGUIRE COURT		5.3 STREET ADDRESS	1205 OLD FORT DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	☐ DELETE	6.1 TITLE	VD	☒ Change ☐ Addition
NAME	SANFORD, LOVINGOOD		6.2 NAME		
STREET ADDRESS	4117 ALPINE WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP	32312	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED William E. Boyle Jr 1-30-99 (850) 893-6305