2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#728684

FILED Mar 15, 2006 Secretary of State

Entity Name: GULF WIND CHAPTER NATIONAL RAILWAY HISTORICAL SOCIETY, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:			
PO BOX 34 TALLAHAS	490 SSEE, FL 32315	US					
Current Mailing Address:			New Maili	New Mailing Address:			
2306 LIMEI TALLAHAS	RICK DR. SSEE, FL 32309	US					
FEI Number:	59-2949008	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Statu	s Desired()	
Name and	Address of Cur	rent Registered Agent:	Name and	Address of	New Registered A	gent:	
806 MIDDL	DER,EDWIN M. LEBROOKS CIRC SSEE, FL 32312	CLE US					
	named entity sub of Florida.	omits this statement for the pu	urpose of changing it	ts registered	office or registered	agent, or both,	
SIGNATUF	RE:						
	Electronic	Signature of Registered Ager	nt		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	DV () De KOENIG, WILLIAM 3840 CASTLEBER TALLAHASSEE, FL	I J RY DR	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () De SAYES, ROBERT : 1560 CRISTOBAL TALLAHASSEE, FL	S., DR.	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	PD () De WINTERS, RICHAF 2053 WHITE ASH TALLAHASSEE, FL	RD WAY	Title: Name: Address: City-St-Zip:	D (X WINTERS, RIG 2053 WHITE A TALLAHASSE	ASH WAY		
Title: Name: Address: City-St-Zip:	STD () De BOYLE, WILLIAM 2306 LIMERICK DI TALLAHASSEE, FL	E., J, R. R.	Title: Name: Address: City-St-Zip:	STD (X BOYLE, WILL 2306 LIMERIC TALLAHASSEI	CK DR.		
Title: Name: Address: City-St-Zip:	D () De FERRO, DAVE 1205 OLD FORT D TALLAHASSEE, FL	PRIVE	Title: Name: Address: City-St-Zip:	DP () HODGES, DAV 1536 CHADW TALLAHASSE	ICK WAY		
Title: Name: Address: City-St-Zip:	D () De SANFORD, LOVING 4117 ALPINE WAY TALLAHASSEE, FL	GOOD	Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E. BOYLE, JR STD 03/15/2006