2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# 728684

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

Current Principal Place of Business:

PO BOX 3490
TALLAHASSEE, FL 32315 US

New Principal Place of Business:

2306 LIMERICK DRIVE
TALLAHASSEE, FL 32309 US

Current Mailing Address:

2306 LIMERICK DR.
TALLAHASSEE, FL 32309 US

New Mailing Address:

P.O. BOX 3464
TALLAHASSEE, FL 32315 US

FEI Number: 59-2949008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHROEDER,EDWIN M.
806 MIDDLEBROOKS CIRCLE
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: KOENIG, WILLIAM J
Address: 3840 CASTLEBERRY DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete
Name: SAYES, ROBERT S.,
Address: 1560 CRISTOBAL DR.
City-St-Zip: TALLAHASSEE, FL 32304

Title: D ( ) Delete
Name: WINTERS, RICHARD
Address: 2053 WHITE ASH WAY
City-St-Zip: TALLAHASSEE, FL 32308

Title: STD ( ) Delete
Name: BOYLE, WILLIAM E., J, R.
Address: 2306 LIMERICK DR.
City-St-Zip: TALLAHASSEE, FL 32309

Title: DP ( ) Delete
Name: HODGES, DAVE
Address: 1536 CHADWICK WAY
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: SANFORD, LOVINGOOD
Address: 4117 ALPINE WAY
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 04/23/2007
Electronic Signature of Signing Officer or Director — Date