

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90087 002 ****61.25

DOCUMENT # 728684

1. Entity Name

GULF WIND CHAPTER NATIONAL RAILWAY HISTORICAL SOCIETY, INC.



Principal Place of Business

**PO BOX 3490
TALLAHASSEE FL 32315
US**

Mailing Address

**2306 LIMERICK DR.
TALLAHASSEE FL 32309
US**

20010349

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32309

4. FEI Number **59-2949008**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOENIG, WILLIAM J 3840 CASTLEBERRY DR TALLAHASSEE FL 32303	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAYES, ROBERT S. 1560 CRISTOBAL DR. TALLAHASSEE FL 32304	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAMPINO, ANTHONY 44200 RED HAWK RD TALLAHASSEE FL 32312	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOYLE, WILLIAM E., JR. 2306 LIMERICK DR. TALLAHASSEE FL 32308	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRO, DAVE 1205 OLD FORT DRIVE TALLAHASSEE FL 32301	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANFORD, LOVINGOOD 4117 ALPINE WAY TALLAHASSEE FL 32312	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARD WINTERS 2053 WHITE ASH WAY TALLAHASSEE FL 32308	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☒ Change ☐ Addition

CR2E037 (10/02)

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:

SIGNATURE REQUIRED

WILLIAM E. BOYLE JR 1-15-03 850 893-6305