

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730451

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: FLORIDA LIVE STEAMERS AND RAILROADERS, INC.

**Current Principal Place of Business:**

14043 S. HWY 12  
BRISTOL, FL 32321

**New Principal Place of Business:**

**Current Mailing Address:**

14043 NW CR 12  
BRISTOL, FL 323210311 US

**New Mailing Address:**

FEI Number: 59-2484328      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KEENAN, THOMAS A  
14043 S. HWY 12  
BRISTOL, FL 32321      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: P ( ) Delete  
Name: JOHNSON, GEORGE  
Address: 373 ELGRECO  
City-St-Zip: OSPREY, FL 34229

Title: VP ( ) Delete  
Name: BOND, FOSTER  
Address: 700 AVE. E, SE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: S ( ) Delete  
Name: DOBLER, RICHARD  
Address: 7750 N SCENIC HWY  
City-St-Zip: LAKE WALES, FL 33898

Title: T ( ) Delete  
Name: SMITH, JOAN  
Address: 9111 ERIE LANE  
City-St-Zip: PARRISH, FL 342199049

Title: D ( ) Delete  
Name: WOOD, JACK  
Address: 8008 SW 17 PL  
City-St-Zip: JACKSONVILLE, FL 32607

Title: D ( ) Delete  
Name: LOCKWOOD, RAY  
Address: 253 VIA HAVARRE  
City-St-Zip: MERRITT ISLAND, FL 32953

**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 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: JOAN SMITH

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

T

01/28/2009

\_\_\_\_\_ Date