

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730451

**FILED**  
**Jan 05, 2010**  
**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  
Name: JOHNSON, GEORGE  
Address: 373 ELGRECO  
City-St-Zip: OSPREY, FL 34229

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

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

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

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

Title: D  
Name: HAROLD, DUNSFORD  
Address: 154 ARGYLE GATE LOOP ROAD  
City-St-Zip: DUNDEE, FL 33838

I hereby 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 all other like empowered.

SIGNATURE: JOAN SMITH

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01/05/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date