FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 6:11

DOCUMENT # **732344** **(7)**

1. Corporation Name

THE CENTRAL FLORIDA CHAPTER OF THE NATIONAL RAIL WAY HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
101 S. BOYD ST. WINTER GARDEN FL 34787-3500	101 S. BOYD ST. WINTER GARDEN FL 34787-3500

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/03/1975**
3a. Date of Last Report: **03/21/1994**
4. FEI Number: **51-0141519** ☐ Applied For ☐ Not Applicable

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip / 25 Country	29	Zip / 30 Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DUESENBURY, WILLIAM C 1006 GRIFFIN ROAD LEESBURG FL 34748	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Ron Raymond RON RAYMOND DATE: 3/12/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D ☒ Change ☒ Addition
NAME	BRUBAKER, FRANK N	1.2 NAME	
STREET ADDRESS	698 DOUGLAS AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONT SPRINGS FL	1.4 CITY-ST-ZIP	32714-2521
TITLE	VD	2.1 TITLE	P ☒ Change ☒ Addition
NAME	RAYMOND, RON	2.2 NAME	
STREET ADDRESS	410 KRUEGER STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	32839-1438
TITLE	S	3.1 TITLE	☐ Change ☒ Addition
NAME	DUSENBURY, WILLIAM C	3.2 NAME	
STREET ADDRESS	1006 GRIFFIN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	34748-3512
TITLE	T	4.1 TITLE	☐ Change ☒ Addition
NAME	RHEA, DAVID	4.2 NAME	
STREET ADDRESS	908 CENTER ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCOEE FL	4.4 CITY-ST-ZIP	34761-2325
TITLE	D	5.1 TITLE	V/D ☒ Change ☒ Addition
NAME	MURDOCK, ROBERT K	5.2 NAME	DAVID E SLICK
STREET ADDRESS	1227 MARCASTLE AVENUE	5.3 STREET ADDRESS	3780 BRANCH AVE.
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	MT. DORA, FL 32757-4504
TITLE	D	6.1 TITLE	D ☒ Change ☒ Addition
NAME	AKERS, DWIGHT	6.2 NAME	CLAYTON BISHOP
STREET ADDRESS	2890 ELMWOOD LANE	6.3 STREET ADDRESS	414 S. GROVE ST.
CITY-ST-ZIP	MT DORA FL	6.4 CITY-ST-ZIP	EUSTIS, FL 32726-4818

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ron Raymond RON RAYMOND 3/12/95 (407)855-4238
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #