

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 732344 (7)

1. Corporation Name

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



Principal Place of Business

**101 S. BOYD ST.
WINTER GARDEN FL 34787-3500**

Mailing Address

**101 S. BOYD ST.
WINTER GARDEN FL 34787-3500**

3. Date Incorporated or Qualified
04/03/1975

3a. Date of Last Report
04/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

51-0141519

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

23
Zip

Country

28
Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24

25

29

30

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

**DUSENBURY, 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

William C. Dusenbury

4-11-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **BRUBAKER, FRANK N**
STREET ADDRESS **698 DOUGLAS AVENUE**
CITY-ST-ZIP **ALTAMONT SPRINGS FL**

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **RAYMOND, RON**
1.3 STREET ADDRESS **410 KRUEGER STREET**
1.4 CITY-ST-ZIP **ORLANDO, FL 32839-1438**

TITLE **VD** ☒ DELETE
NAME **RAYMOND, RON**
STREET ADDRESS **410 KRUEGER STREET**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE **NATIONAL DIRECTOR** ☐ Change ☐ Addition
2.2 NAME **HURT, CLARENCE**
2.3 STREET ADDRESS **810 WINDERMERE CT**
2.4 CITY-ST-ZIP **OCFEE, FL 34761-2325**

TITLE **S** ☐ DELETE
NAME **DUSENBURY, WILLIAM C**
STREET ADDRESS **1006 GRIFFIN ROAD**
CITY-ST-ZIP **LEESBURG FL**

3.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
3.2 NAME **BRUBAKER, FRANK N.**
3.3 STREET ADDRESS **698 DOUGLAS AVENUE**
3.4 CITY-ST-ZIP **ALTAMONT SPRINGS, FL 32714-2521**

TITLE **T** ☐ DELETE
NAME **RHEA, DAVID**
STREET ADDRESS **906 CENTER ST.**
CITY-ST-ZIP **OCFEE FL**

4.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
4.2 NAME **ESLICK, DAVID**
4.3 STREET ADDRESS **3780 BRANCH AVENUE**
4.4 CITY-ST-ZIP **MT. DORA, FL 32757-4504**

TITLE **D** ☐ DELETE
NAME **MURDOCK, ROBERT K**
STREET ADDRESS **1227 MARCASTLE AVENUE**
CITY-ST-ZIP **ORLANDO FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **AKERS, DWIGHT**
STREET ADDRESS **2890 ELHWOOD LANE**
CITY-ST-ZIP **MT DORA FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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: *William C. Dusenbury* **WILLIAM C. DUSENBURY**

4-11-96

352-787-7259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)