

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 27 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>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 Mailing Address  
**101 S. BOYD ST.  
WINTER GARDEN FL 34787-3500**

3. Date Incorporated or Qualified  
**04/03/1975**  
4. FEI Number **51-0141519** Applied For  
Not Applicable

|   |  |
|---|--|
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip<br><b>24</b> Country | 2a. Mailing Address<br><b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip<br><b>29</b> 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. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No  
8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
**DUSENBURY, WILLIAM C  
1006 GRIFFIN ROAD  
LEESBURG FL 34748**

10. Name and Address of New Registered Agent  
**81 Name DUSENBURY, WILLIAM C.  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

| 12. OFFICERS AND DIRECTORS                     |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                           |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PVD<br/>RAYMOND, RON<br/>410 KRUEGLER ST<br/>ORLANDO FL</b> <input checked="" type="checkbox"/> DELETE            | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>SHARP, AL<br/>2721 HARGIL DR<br/>ORLANDO FL</b> <input type="checkbox"/> DELETE                             | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>DUSENBURY, WILLIAM C<br/>1006 GRIFFIN ROAD<br/>LEESBURG FL</b> <input type="checkbox"/> DELETE              | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>RHEA, DAVID<br/>908 CENTER ST.<br/>OCOCHEE FL</b> <input type="checkbox"/> DELETE                           | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>MURDOCK, ROBERT K<br/>1227 MARCASTLE AVENUE<br/>ORLANDO FL</b> <input type="checkbox"/> DELETE              | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>BRUBAKER, FRANK N<br/>608 DOUGLAS AVE<br/>ALTAMONTE SFGS FL</b> <input checked="" type="checkbox"/> DELETE | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |  | <b>D<br/>HURT, CLARANCE<br/>810 WINDERGROVE LANE<br/>OCOCHEE, FL 34761-2325</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

14. 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 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* 3/15/98 (352) 787-7259

CR2E037 (10/97)