### **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 732344

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.

21

22

23

WINTER GARDEN FL 34787-3500

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

101 S. BOYD ST.

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

WINTER GARDEN FL 34787-3500

# FILED Mar 22, 1999 8:00 am § Secretary of State

03-22-1999 90031 014 \*\*\*\*61.25

246387 - 90031	. 14	

Applied For

\$8.75 Additional

Fee Required

Not Applicable

|--|--|--|--|--|

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

04/03/1975

51-0141519

4. FEI Number

Zip	Country	Zip		Country		- 1	<ol><li>Election Cam</li></ol>	ıpaign Financ	ing 🗆	, \$5. <b>(</b>	00 M	ay Be
24	25	29	30				Trust Fund C			Add	ed to	Fees
9. Name and Address of Current Registered Agent						1	0. Name and A	ddress of Ne	w Regis	stered Agent		
1006 GRIF	JRY, WILLIAM C FFIN ROAD G FL 34748			81 82 83		Address	10emaker 100. Box Numb 05 Oak		MQS eptable) Plare	·	7in Co	vie
				04	City	- 0r	lando			FL ["[3	Zip Co 328	312
office or re agent. I an	to the provisions of Sections 617.0502 agistered agent, or both, in the State of mamiliar with, and accept the obligation	Florida. Such char	ide was autho	nzed by Statutes.	the corpo	COLDOLO	tion submits this	statement for rs. I hereby a	the purp ccept the	oose of changing appointment as March	its re s regis	egistered stered
SIGNATURE	Signature, typed or printed name of registered agent as				t signature r	required wh	en reinstating)			DATE		
12.	OFFICERS AND			13.			ADDITIONS/C	HANGES TO	OFFICE	RS AND DIREC		
TITLE	V		ELETE	1.1 TITLE						☐ Chan	ige	Addition
NAME	PFEIFFER, AL		l l	1.2 NAME		E.		<u> </u>				ļ
STREET ADDRESS	2948 WINDLE LN			1.3 STREET	ADDRESS			֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	_			
CITY-ST-ZIP	SOUTH DAYTONA BEACH FL 32	119		1.4 CITY-ST	T-ZIP	~	- F					
TITLE	P		ELETE	2.1 TITLE		D				Chan	ige	Addition
NAME	SHARP, AL		l	2.2 NAME	į							ŀ
STREET ADDRESS	2721 HARGIL DR			2.3 STREET	ADDRESS							
.CITY-ST-ZIP -	ORLANDO FL	7. a		2. 4 CITY-S	T-ZIP	_				<u> </u>		
TITLE	S	<b>₩</b>	ELETE	3.1 TITLE		S				☐ Char	nge -	Addition
NAME	DUSENBURY, WILLIAM C			3.2 NAME		SHO	EMAKER,	JAMES	S E			1
STREET ADDRESS	1006 GRIFFIN ROAD			3.3 STREET	ADDRESS	480	S DAKBRO	DKE PI	LACE			]
CITY-ST-ZIP	LEESBURG FL			3.4. CITY-S	T-ZIP	ORL	ANDU,	FL 3	<u> 2812</u>			
TITLE	T	[] c	ELETE	4.1 TITLE						☐ Char	nge	Addition
NAME	RHEA, DAVID			4. 2 NAME	,							İ
STREET ADDRESS	906 CENTER ST.			4.3 STREET	ADDRESS	1						]
CITY-ST-ZIP	OCOEE FL			4.4 CITY-S	T-ZIP							
TITLE	D	[]	ELETE	5.1 TITLE						Char	nge	☐ Addition ]
NAME	MURDOCK, ROBERT K		,	5.2 NAME								1
STREET ADDRESS	1227 MARCASTLE AVENUE			5.3 STREET	ADDRESS	]						Ì
CITY-ST-ZIP	ORLANDO FL			5.4 CITY-S	T-ZIP	Ì						
TITLE	D		ELETE	6.1 TITLE						☐ Char	nge '	☐ Addition
NAME	HURT, CLARANCE			6.2 NAME								
STREET ADDRESS	810 WINDERGROVE LN		}	6.3 STREET	TADDRESS							Ì
CITY_ST_7IP	OCOFF FL 34761			6.4 CITY-S								
14. I hereby c	ertify that the information supplied with	this filing does not	qualify for the	exempti	on stated	d in Sec	tion 119.07(3)(i),	Florida Statu	tes. I fur	ther certify that t	he inf	ormation

4. 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 or supplemental annual report or the supplemental annual report 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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICES OF DIRE

cer 12 Mai. 1999

407 244-877

Daytime Phone #

3R2F037 (11/98)

# 240987-90031-14 732344

### ADDITIONAL OFFICERS

TITLE

F

NAME

PETERSON, DAVID

STREET ADDRESS

1619 FERRIS AVE.

CITY-ST-ZIP

ORLANDO, FL 32803