

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90109 035 ****70.00

DOCUMENT # 732344 1. Entity Name THE CENTRAL FLORIDA CHAPTER OF THE NATIONAL RAILWAY HISTORICAL SOCIETY, INC.					
Principal Place of Business 101 S. BOYD ST. WINTER GARDEN, FL 34787-3500			Mailing Address P.O. BOX 770567 WINTER GARDEN, FL 34777		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01122005 Chg-NP CR2E037 (10/03) 4. FEI Number 51-0141519	
34777-0567				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHOEMAKER, JAMES E 4805 OAKBROKE PL. ORLANDO, FL 32812			Name <u>LLOYD T. BROWN</u> Street Address (P.O. Box Number is Not Acceptable) <u>3409 SEMINOLE DR.</u> City <u>APOPKA</u> FL <u>32703-6043</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>LLOYD T. BROWN</u>		 (NOTE: Registered Agent signature required when reinstating)		DATE <u>1-13-05</u>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAKER, PHIL 125 W SMITH ST WINTER GARDEN, FL 34787		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEARMIN, JEFF 1427 BRYN MAWR ST ORLANDO, FL 32804		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT AL PFEIFFER 2948 WINDLE LN. SOUTH DAYTONA, FL 32119-8533	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHOEMAKER, JAMES E 4805 OAKBROOKE PL. ORLANDO, FL 32812		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BILL DUSENBURY 1006 GRIFFIN RD. LEEFSBURG, FL 34748-3512	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, LLOYD T 3401 SEMINOLE DR. APOPKA, FL 32703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32703-6043	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURDOCK, ROBERT K 1227 MARCASTLE AVENUE ORLANDO, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32812-1975	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPSCOMB, IRV 4328 A LAKE UNDERHILL RD ORLANDO, FL 32803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32803-7018	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>LLOYD T. BROWN</u>			<u>1-13-05</u> 407-862-3540 Date Daytime Phone #		