

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90232 006 ****70.00

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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 34777-0567		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01142006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 51-0141519	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BROWN, LLOYD T 3409 SEMINOLE DRIVE APOPKA, FL 37703-6043				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2006		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	P	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, PHIL		NAME	LIPSCOMB, IRV	
STREET ADDRESS	125 W SMITH ST		STREET ADDRESS	4328 A LAKE UNDERHILL RD.	
CITY-ST-ZIP	WINTER GARDEN, FL 34787		CITY-ST-ZIP	ORLANDO, FL 328037018	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PFEIFFER, AL		NAME	DEARMIN, JEFF	
STREET ADDRESS	2948 WINDLE LN		STREET ADDRESS	1437 BRYN MAWR ST.	
CITY-ST-ZIP	SOUTH DAYTONA BEACH, FL 321188933		CITY-ST-ZIP	ORLANDO, FL 328044317	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUSENBURY, BILL		NAME	SHOEMAKER, JIM	
STREET ADDRESS	1006 GRIFFIN RD		STREET ADDRESS	4805 OAK BROOK PL.	
CITY-ST-ZIP	LEESBURG, FL 347483512		CITY-ST-ZIP	ORLANDO, FL 328122742	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, LLOYD T		NAME		
STREET ADDRESS	3401 SEMINOLE DR.		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 327036043		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURDOCK, ROBERT K		NAME		
STREET ADDRESS	1227 MARCASTLE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 328121975		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIPSCOMB, IRV		NAME	HURT, CLARENCE	
STREET ADDRESS	4328 A LAKE UNDERHILL RD		STREET ADDRESS	810 WINDBERGROVE CT.	
CITY-ST-ZIP	ORLANDO, FL 328037018		CITY-ST-ZIP	OCFEE, FL 347615610	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: LLOYD T. BROWN			1-14-06 401-862-3540		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		