

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90262 015 ****61.25

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01092007 Chg-NP CR2E037 (12/06)

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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 51-0141519	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, LLOYD T 3409 SEMINOLE DRIVE APOPKA, FL 37703-6043				7. Name and Address of New Registered Agent Name DAVID RHEA Street Address (P.O. Box Number is Not Acceptable) 906 CENTER STREET City OCOE FL Zip Code 34761-2325	
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 <i>David E. Rhea, Treasurer</i> DATE <i>01/11/07</i> Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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-STATE-ZIP	PD LIPSCOMB, IRV 4328 LAKE UNDERHILL RD. ORLANDO, FL 328037018 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP DEARMIN, JEFF 1437 BRYN MAWR ST. ORLANDO, FL 328044317 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VICE - PRESIDENT CORY WARD 1119 LAKESHORE DRIVE CLERMONT, FL. 34711-2935 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S DUSENBURY, BILL 1006 GRIFFIN RD LEESBURG, FL 347483512 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SECRETARY JAMES SHOEMAKER 4805 OAKBROOKE PLACE ORLANDO, FL. 32812-2742 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T BROWN, LLOYD T 3401 SEMINOLE DR. APOPKA, FL 327036043 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TREASURER DAVID RHEA 906 CENTER STREET OCOE, FL. 34761-2325 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP HORT, CLARENCE 810 WINDERGROVE CT. OCOE, FL 347615610 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VICE PRESIDENT VICTOR SAUL 810 HIGH POINTE CIRCLE MINNEOLA, FL. 34715-7425 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D LIPSCOMB, IRV 4328 A LAKE UNDERHILL RD ORLANDO, FL 328037018 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DIRECTOR CHARLES ANSELL 1752 COLD SPRINGS COURT APOPKA, FL. 32712-2074 ☐ Change ☒ Addition		
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: <i>David Rhea</i>		DAVID RHEA		1/09/07 407-656-8749	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	