

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90033 032 ****61.25

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

1st MOORE

CR2E037 (10/07)

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

RHEA, DAVID
906 CENTER ST
OCOE FL 34761 - 2325

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LIPSCOMB, IRV	
STREET ADDRESS	4328 LAKE UNDERHILL RD.	
CITY- ST- ZIP	ORLANDO FL 32803-7018	
TITLE	V	<input type="checkbox"/> Delete
NAME	WARD, CORY	
STREET ADDRESS	1119 LAKESHORE DR	
CITY- ST- ZIP	CLERMONT FL 34711	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SNOEMAKER, JAMES	
STREET ADDRESS	4805 OAKBROOKE PLACE	
CITY- ST- ZIP	ORLANDO FL 32812	
TITLE	V	<input type="checkbox"/> Delete
NAME	SAUL, VICTOR	
STREET ADDRESS	810 HIGH POINTE CIRCLE	
CITY- ST- ZIP	MINNSOLA FL 34715	
TITLE	T	<input type="checkbox"/> Delete
NAME	RHEA, DAVID	
STREET ADDRESS	906 CENTER ST	
CITY- ST- ZIP	OCOE FL 34761 - 2325	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANSELL, CHARLES	
STREET ADDRESS	1752 COLD SPRINGS CT	
CITY- ST- ZIP	APOPKA FL 32712	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROSS, PHIL	
STREET ADDRESS	410 N. LAKEVIEW AVE.	
CITY- ST- ZIP	WINTER GARDEN, FL. 34787	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUSENBURY, BILL	
STREET ADDRESS	1006 GRIFFIN ROAD	
CITY- ST- ZIP	LEESBURG, FL. 34748-3512	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

(TREASURER)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID E. RHEA

02/10/08

407-656-8749