

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # 741344

1. Entity Name
PALM BEACH MODEL RAILROADERS, INC.



Principal Place of Business
**SOUTH FLORIDA FAIR GROUNDS
SOUTHERN BLVD
W PALM BEACH, FL 33416 US**

Mailing Address
**2955 NE 19TH ST
POMPANO BEACH, FL 33062 US**



02292008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0172156	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BLACK, FRANK
2955 NE 19TH STREET
POMPANO BEACH, FL 33062**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLACK, FRANK 7955 NE 19TH STREET POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STUCCHI, JAMES D. 101 GRANADA DR PALM SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD METEL, ROBERT 14615 68 STREET NORTH LOYAHATCHEE, FL 33490
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOHLA, JON 4227 CONRAD CIRCLE LAKE UNION, FL 33413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/27/08-80044-019 70.00

**DO NOT WRITE
IN THIS SPACE**

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: *Frank Black*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/2008
Date

954-242-2225
Daytime Phone #