FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:08

DOCUMENT # 748129 (4)

1. Corporation Name

CENTRAL FLORIDA HISTORICAL RAILROAD MODELERS,INC

Principal Place of Business	Mailing Address
309 SPRING VALLEY DR. P O BOX 720658 ALTAMONTE SPRINGS FL 32714 US	P. O. BOX 621793 ORLANDO FL 32862-1793 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1979
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-2246286 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 2090 N. Forsythe Road
Suite, Apt. #, etc.
22 Suite 211
City & State
23 ORLANDO FL
Zip 24 32807 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

Patrick T. Berry
11919 Allamanda Court
Orlando FL 32837-6715

10. Name and Address of New Registered Agent

81 Name: Patrick T. Berry
82 Street Address (if
11919 Allamanda Court
83
Orlando FL 32837-6715
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Patrick T. Berry, Patrick T. Berry, Secretary 04-28-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	President-D	☒ Change ☐ Addition
NAME	WALSH, CHRISTOPHER	12 NAME	Michael Haven	
STREET ADDRESS	309 SPRING VALLEY DR.	13 STREET ADDRESS	480 Baxter Avenue	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	14 CITY-ST-ZIP	Orlando FL 32820	
TITLE	PD	21 TITLE	Vice-President-D	☒ Change ☐ Addition
NAME	HAVEN, MIKE	22 NAME	Steven L. Herman	
STREET ADDRESS	234 HOLIDAY ACRES RD., #33	23 STREET ADDRESS	1290 S. Orange Blossom Tr. #51	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Orlando FL 32825	
TITLE	STD	31 TITLE		☒ Change ☐ Addition
NAME	BERRY, PATRICK T	32 NAME	Patrick T. Berry- Sec,D	
STREET ADDRESS	11919 ALLAMANON COURT	33 STREET ADDRESS	11919 Allamanda Court	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Orlando FL 32837-6715	
TITLE		41 TITLE	Treasurer-D	☐ Change ☒ Addition
NAME		42 NAME	Scott Colagiacomo	
STREET ADDRESS		43 STREET ADDRESS	11718 Broad Oak Court	
CITY-ST-ZIP		44 CITY-ST-ZIP	Orlando FL 32837	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

RECEIVED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patrick T. Berry PATRICK T. BERRY 4-28-95 (407) 857-1430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0035012