

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 748129 (4)

1. Corporation Name

CENTRAL FLORIDA HISTORICAL RAILROAD MODELERS, INC



Principal Place of Business

Mailing Address

2090 N FORSYTHE RD
STE 211
ORLANDO FL 32907
US

P. O. BOX 621793
ORLANDO FL 32862-1793
US

3. Date Incorporated or Qualified

07/19/1979

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2246286

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERRY, PATRICK T
11919 ALLAMANDA CT
ORLANDO FL 32837

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

PATRICK T. BERRY Sec. Dir.
(NOTE: Registered Agent signature required when reinstating)

2/6/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME HANEN, MICHAEL
STREET ADDRESS 480 BAXTER AVE
CITY-ST-ZIP ORLANDO FL

1.1 TITLE President-Director ☒ Change ☐ Addition
1.2 NAME Jim Bly
1.3 STREET ADDRESS 6422 Stockbridge Ave.,
1.4 CITY-ST-ZIP Orlando, FL 32809

TITLE VPD ☒ DELETE
NAME HERMAN, STEVEN L
STREET ADDRESS 1290 S ORANGE BLOSSOM TR 51
CITY-ST-ZIP ORLANDO FL

2.1 TITLE V.P.- Director ☒ Change ☐ Addition
2.2 NAME Don Perry
2.3 STREET ADDRESS 12720 Forestedge Circle,
2.4 CITY-ST-ZIP Orlando, FL 32828

TITLE SD ☐ DELETE
NAME BERRY, PATRICK T
STREET ADDRESS 11919 ALLAMANDA CT
CITY-ST-ZIP ORLANDO FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☒ DELETE
NAME COLAGIACOMO, SCOTT
STREET ADDRESS 11718 BRAOD OAK CT
CITY-ST-ZIP ORLANDO FL

4.1 TITLE Treasurer - Director ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec. Dir.

2/6/96

(407) 857-1430
Daytime Phone #

CR2E037 (12/95)