


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90038 024 ****70.00

DOCUMENT # 748129					
1. Entity Name CENTRAL FLORIDA HISTORICAL RAILROAD MODELERS, INC.					
Principal Place of Business 2500 SILVER STAR ROAD SUITE 1700 ORLANDO, FL 32804-3314 US			Mailing Address 2500 SILVER STAR ROAD SUITE 1700 ORLANDO, FL 32804-3314 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARRIS, PAUL 9972 CAROLINA STREET OVIEDO, FL 32765				Name WALTER HALBERG	
				Street Address (P.O. Box Number is Not Acceptable) 203 BAUER DRIVE	
				City CASSELBERRY	FL Zip Code 32707
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>Walter Halberg Treasurer</i>				DATE: JAN 7, 2004	
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, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERRY, ERNEST			NAME	GEORGE BUDD
STREET ADDRESS	12720 FORESTEDGE CIRCLE			STREET ADDRESS	580 ROYAL OAK DR NORTH
CITY-ST-ZIP	ORLANDO, FL 32828			CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEAGLE, LEE			NAME	BRIAN CORRIVEAU
STREET ADDRESS	425 DRAGE DRIVE			STREET ADDRESS	709 LARGOVISTA DR
CITY-ST-ZIP	ORLANDO, FL 32822			CITY-ST-ZIP	OAKLAND, FL 34787
TITLE	SD	<input type="checkbox"/> Delete		TITLE	
NAME	HENCH, ERIC			NAME	
STREET ADDRESS	1082 CONDOR PLACE			STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708			CITY-ST-ZIP	
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, PAUL			NAME	WALTER HALBERG
STREET ADDRESS	9972 CAROLINA ST.			STREET ADDRESS	203 BAUER DR
CITY-ST-ZIP	OVIEDO, FL 32765			CITY-ST-ZIP	CASSELBERRY FL 32707
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Walter Halberg Treasurer</i>				DATE: JAN 7, 2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 407-231-5098	