


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90088 023 \*\*\*\*61.25

<b>DOCUMENT # 748129</b> 1. Entity Name <b>CENTRAL FLORIDA HISTORICAL RAILROAD MODELERS, INC.</b>					
Principal Place of Business <b>2500 SILVER STAR ROAD SUITE 1700 ORLANDO, FL 32804-3314 US</b>			Mailing Address <b>2500 SILVER STAR ROAD SUITE 1700 ORLANDO, FL 32804-3314 US</b>		
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	4. FEI Number <b>59-2246286</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HALBERG, WALTER 203 BAUER DRIVE CASSELBERRY, FL 32707</b>			Name <b>JOHN PAWLACK</b> Street Address (P.O. Box Number is Not Acceptable) <b>17537 DEER ISLE CIRCLE</b> City <b>WINTER GARDEN</b> <b>FL</b> Zip Code <b>34787</b>		
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>John Pawlack</i>		TREASURER		4-25-08	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALBERG, WALTER		NAME	JOHN PAWLACK	
STREET ADDRESS	203 BAUER DR		STREET ADDRESS	17537 DEER ISLE CIRCLE	
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENCH, ERIC		NAME	BRIAN CORRIVEAU	
STREET ADDRESS	1082 CONDOR PLACE		STREET ADDRESS	709 LARGOVISTA DRIVE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP	OAKLAND, FL 34787	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLVIN, GLENN		NAME	DAVID MILLER	
STREET ADDRESS	12435 LAKE VALLEY DRIVE		STREET ADDRESS	5250 FLYING EAGLE CIRCLE	
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP	KISSIMMEE, FL 34741	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, JAY		NAME	RICHARD McMULLEN	
STREET ADDRESS	2841 ITHICA CT		STREET ADDRESS	1304 ALFRED DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32826		CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <i>John Pawlack</i>		JOHN PAWLACK		4-25-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	