

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 751427 (6)

1. Corporation Name

THE PALM BEACHES CHAPTER NATIONAL RAILWAY HISTORICAL SOCIETY, INCORPORATED



Principal Place of Business

12399 153 CT N
JUPITER FL 33478
US

Mailing Address

12399 153 CT N
JUPITER FL 33478
US

3. Date Incorporated or Qualified
03/07/1980

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

58-1956591

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**

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

REID, MICHAEL R
12399 153 CT N
JUPITER FL 33478

81 Name

R. Michael Reid

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

Signature, typed or printed name of registered agent and street address (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **VD HANSEN, RICHARD**
STREET ADDRESS **522 IBIS DR**
CITY-STATE-ZIP **DELRAY BCH FL**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **PD MATHIS, PAUL**
STREET ADDRESS **3200 S DIXIE HWY**
CITY-STATE-ZIP **WEST PALM BEACH FL**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **TD REID, R. M**
STREET ADDRESS **12399 153 CT N**
CITY-STATE-ZIP **JUPITER FL**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **SD REID, DEBORAH L**
STREET ADDRESS **12399 153 CT N**
CITY-STATE-ZIP **JUPITER FL**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **D PHILLIPS, WENDELL "BILL"**
STREET ADDRESS **4145 CLEARVIEW TER.**
CITY-STATE-ZIP **WEST PALM BEACH FL**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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 the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. MICHAEL REID

DATE

FEB 20, 1996

DAYTIME PHONE

407-744 6967

CR2E037 (12/95)