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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

751427

(6)

THE PALM BEACHES CHAPTER NATIONAL RAILWAY HISTOR ICAL SOCIETY, INCORPORATED

| i iliopa i lace | o or business | Mailing Address | | | | | | | |
|---|--|---|-----------------------|--|---------------|--|------------|---|----------------|
| 12399 153 CT N JUPITER FL 33478 | | 12399 153 CT N JUPITER FL 33478-6657 | | | | | • | | |
| US | | US | | | | 3. Date Incorporated or Qualified 03/07/1980 | | te of Last 02/29/1 | |
| Principal Place of Business 2a. Mailing Add | | | ress | | | 4. FEI Number | <u> </u> | | Applied For |
| 21 | | 26 | | | 58-1956591 | | | Not Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Apt. #, etc. | | | 5. Certificate of Status Desired | | | 5 Additional |
| City & State | R | City & State | | | | 451 | | | Required |
| 23 | ~ | 28 | | | | 6. Election Campaign Financing Trust Fund Contribution | П | | May Be |
| Zip | Country | Zip | Country | у. | | 8. This corporation has liability for i | ntannible | | • |
| 24 | 25 | 29 | 30 | | | · · · · · · · · · · · · · · · · · · · | |] No | J. 100.002, |
| **** | 9. Name and Address of Currer | it Registered Agent | | | | 10. Name and Address of New Re | glatered / | Agent | |
| | | | 81 | | Name | | | | |
| REID, R. MICHAEL | | | | 82 Street Address (P.O. Box Number is No | | | le) | | |
| 12399 153 CT N | | | - | 1 | | | | | |
| JUPHER | FL 33478 | | 83 | " | | | | | |
| | | | 84 | ï | City | | FL | 85 Z | p Code |
| 11. Pursuant t | to the provisions of Sections 617.050 | 2 and 617.1508. Florida Statu | ites, the abov | L. | named (| corporation submits this statement for the p | | changing | ite renietered |
| office or re | egistered agent, or both, in the State m familiar with, and accept the oblig- | of Florida. Such change was | s authorized b |)V I | the corp | oration's board of directors. I hereby accep | the app | ointment | as registered |
| _ | mramma: with, and accept the oblig- | ations of, Section 617.0505, r | TOTICA SIAIUIE | 15. | | | | | |
| SIGNATURE _ | Signature, typed or printed name of registered age | ont and title if applicable (NC | OTE: Registered Ag | ent | t signature i | required when reinstating) | DATE | | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS AND | DIRECT | ORS IN 12 |
| TITLE | VD | ☐ DELETE | 1.1 TITLE | | | | | ☐ Chang | e 🔲 Addition |
| NAME | HANSEN, RICHARD | | 1.2 NAME | | 1 | | | | |
| STREET ADDRESS | 522 IBIS DR | | 1.3 STREE | T A | DDRESS | | | | |
| CITY - ST - ZIP | DELRAY BCH FL | | 1.4 CITY- | \$T- | - ZIP | | | | |
| TITLE | PD | DELETE | 2.1 TITLE | | | | | Chang | e Addition |
| NAME | MATHIS, PAUL | | 2.2 NAME | | | , | 1 4 | | |
| STREET ADDRESS | 3200 S DIXIE HWY | | 2.3 STREE | | | • | | | |
| CITY-ST-ZIP TITLE | WEST PALM BEACH FL TD | ☐ DELETE | 2. 4 CITY- | -ST | - ZIP | | | Chan | a deletar |
| NAME | REID, R. M | C Differe | 3.1 TITLE 3.2 NAME | | | | | Chang | e Addition |
| STREET ADDRESS | 12399 153 CT N | | 3.3 STREE | | DDDCCC | | | | |
| CITY-ST-ZIP | JUPITER FL | | 3.4. CITY- | | | | | | |
| TITLE | SD | DELETE | 4.1 TITLE | - 31 | | 50 | | Change Ch | e Addition |
| NAME | REID, DEBORAH L | Γ' | 4. 2 NAME | : | 1 | DOROTHY HANSEN | , | — | |
| STREET ADDRESS | 12399 153 CT N | | 4.3 STREE | | - 1 | 522 1315 OR | | | |
| CITY-ST-ZIP | JUPITER FL | | 4.4 CITY- | ST- | - ZIP | DELRAY BEACH FL | | | |
| TITLE | D | DELETE | 5.1 TITLE | | | | | ☐ Chang | e Addition |
| NAME | PHILLIPS, WENDELL "BILL" | | 5.2 NAME | | | | | | |
| STREET ADDRESS | 4145 CLEARVIEW TER. | | 5.3 STREE | TA | DORESS | | | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | 5.4 CITY - 5 | ST- | - ZIP | | | | |
| TITLE | | DELETE | 6.1 TITLE | | | | | Chang | e 🔲 Addition |
| NAME | | | 6.2 NAME | | | | | | |
| STREET ADDRESS | | | 6.3 STREE | T A | DORESS | | | | |
| CITY-ST-ZIP | | | 6.4 CITY - 5 | st- | - ZIP | | | | |

14. I do 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 annuel 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 an attachment with an address.

R. Wiches Desig

SIGNATURE: 5

1-1697

561-744-627

FILED

Feb 04 1997 8:00am

Secretary of State