

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90077 034 ****70.00

DOCUMENT # 751427

1. Entity Name

**THE PALM BEACHES CHAPTER NATIONAL RAILWAY
HISTORICAL SOCIETY, INCORPORATED**



Principal Place of Business

P.O. BOX 15624
WEST PALM BEACH FL 33416-5624
US

Mailing Address

P.O. BOX 15624
WEST PALM BEACH FL 33416-5624
US

50018367



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

58-1956591

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BANKS, BRIAN
5698 GOLDEN EAGLE CIRCLE
PALM BEACH GARDENS FL 33418-1503**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **MATHIS, PAUL**
STREET ADDRESS **422 50TH ST, APT. B**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **DT** ☐ Delete
NAME **BANKS, BRIAN**
STREET ADDRESS **5968 GOLDEN EAGLE CIRCLE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **S** ☐ Delete
NAME **HANSEN, DOROTHY**
STREET ADDRESS **522 IBIS DR**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **DV** ☐ Delete
NAME **HANSEN, RICHARD**
STREET ADDRESS **522 IBIS DR**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☒ Change ☐ Addition
NAME **BANKS, BRIAN**
STREET ADDRESS **710 N. K ST APT 203**
CITY-ST-ZIP **LAKE WORTH, FL 33460**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Brian Banks* **Brian Banks**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-05

Date

561 719 8975

Daytime Phone #