## **2003 NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 751427

1. Entity Name

THE PALM BEACHES CHAPTER NATIONAL RAILWAY HISTOR ICAL SOCIETY, INCORPORATED



**FILED** Jan 13, 2003 8:00 am § Secretary of State
01-13-2003 90361 027 \*\*\*\*70.00

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					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 5	4. FEI Number <b>58-1956591</b> Applied For		
Zip Country Zip		Zip	Country		5. Certificate of Status Desired 78.75 Add		
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registered Ag	ee Require jent	ed
BANKS, BRIAN 5698 GOLDEN EAGLE CIRCLE PALM BEACH GARDENS FL 33418-1503			Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Cod	le
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  9. Election Campaign Financing Trust Fund Contribution.   Added to Fees  Make Check Payable to Florida Department of State							
10. OFFICERS AND DIRECTORS 1				ADDITIONS/CHANGE	S TO OFFICERS AND DIRE	CTORC IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MATHIS, PAUL 422 50TH ST, APT. B WEST PALM BEACH FL 33405	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7.55.TTOTOTOTOTAL		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ND PHILLIPS, WENDELL 2553 LIVINGSTON LANE WEST PALM BEACH FL 33411	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		С	] Change	Addition
ITLE  IAME STREET ADDRESS  SITY-ST-ZIP	DT BANKS, BRIAN 5968 GOLDEN EAGLE CIRCLE PALM BEACH GARDENS FL 33418	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the same and the same		] Change	Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP	S Hansen, dorothy 522 IBIS DR DELRAY BEACH FL 33444	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			] Change	Addition
	DV HANSEN, RICHARD 522 IBIS DR DELRAY BEACH FL 33444	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			] Change	Addition
TLE  AME  TREET ADDRESS  ITY-ST-ZIP	ertify that the information supplied with the	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition

r nereby 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 the corporation 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

**SIGNATURE:** 

i-10-2003 (561)844-1030