

# 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 # 765178**

1. Corporation Name

*Florida Gulf Coast Railroad Museum, Inc*

Principal Place of Business

Mailing Address

*9 P.O. Box 355  
Parrish, FL 34215*

*9 P.O. Box 355  
Parrish, FL 34215*

3. Date Incorporated or Qualified

*9/23/92*

3a. Date of Last Report

*4/29/94*

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

*59-2261446*

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

22

27

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*Mike Warren  
1971 Broadland Rd  
Palm Harbor, FL 34683*

81

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*6/16/96*

12. OFFICERS AND DIRECTORS

TITLE *D Paul Bowen* ☐ DELETE  
NAME  
STREET ADDRESS *412 Madison St. Ste 900*  
CITY-ST-ZIP *Tampa, FL 33601*

TITLE *D Riddle, Shirlee* ☐ DELETE  
NAME  
STREET ADDRESS *6413 Muck Pond Rd*  
CITY-ST-ZIP *Sebring, FL 33584*

TITLE *D Hen clord* ☐ DELETE  
NAME  
STREET ADDRESS *4216 Longhorn Dr*  
CITY-ST-ZIP *Sarasota, FL 34233*

TITLE *PD James Herson* ☐ DELETE  
NAME  
STREET ADDRESS *2016 Village Ave*  
CITY-ST-ZIP *Tampa, FL*

TITLE *PD Mike* ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE *TP Mike Warren* ☐ Change ☒ Addition  
12 NAME  
13 STREET ADDRESS *1971 Broadland Rd*  
14 CITY-ST-ZIP *Palm Harbor, FL 34683*

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

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

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

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

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

**600001874006**  
**-06/25/96--01005--007**  
**\*\*\*61.25**

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 this 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:

*Mike Warren*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/24/96*  
Date

*813 357-4000*  
Daytime Phone #

CR2E037 (12/95)