FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 26 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

765178

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FLORIDA GULF COAST RAILROAD MUSEUM, INC.

Principal Place	e of Business	Mailing Address		T. ZODOFAL NODALO OZIJOL OZIJOL I DIBIJA NODBOT N	ELL BIOTY OTOTE BIOTH OLDER BIRSY 1901
% P.O. BOX 355 PARRISH FL 34219		P.O. BOX 1003 TAMPA FL 33601-1003		İ	
		US		3. Date Incorporated or Qualified 09/23/1982	3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21			8135	59-2261446	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		E. Codificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	c	City & State	<i></i>	6. Election Campaign Financing	\$5.00 May Be
23		28 Clearwater	FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25		10 USA		Yes ZINo
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name					
WARREN	1 AMZE		oi Name		
				Address (P.O. Box Number is Not Acceptab	le)
1971 GROVELAND RD			83		
PALM H	ARBOR FL 34683		63		
			84 City		85 Zip Code
44 5	40-1017010	0 017 4500 Frankle Out 4	45 - 5		
office or r	egistered agent, or both, in the State	of Florida. Such change was au	ithorized by the corp	corporation submits this statement for the population's board of directors. I hereby accept	orpose or changing its registered in the appointment as a registered in the appointment and a registered in the appoi
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Signature: typed or printed name of registered agen; and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE Output DATE					
12.	Signature, typed or printed name or registered ager OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DELETE	1.1 TITLE	0	Change Addition
NAME	BOWEN, PAUL H	-	1.2 NAME	SESO VIllIS RU	•
STREET ADDRESS	412 MADISON STREET SUITE	900	1.3 STREET ADDRESS	5650 Willis RU	
CITY - ST - ZIP	TAMPA FL 33601		1.4 CITY-ST-ZIP	Palmetto FL 34221	
TITLE	D	DELETE	2.1 TITLE	<u> </u>	Change Addition
NAME	RIDDLE, SHIRLEE		2.2 NAME	Alfred Arme	
STREET ADDRESS	6413 MUCK POND RD.		2.3 STREET ADDRESS	5808 444 AVE NW	
CITY-ST-ZIP	SEFFNER FL 33584		2 4 CITY-ST-ZIP	Bradenton FL 34209	
TITLE	D	DELETE	3.1 TATLE		Change Addition
NAME	KEN CLARK,		3.2 NAME		
STREET ADDRESS	4216 LONGHORN DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34233		3.4. CITY - ST - ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		Change Addition
NAME	HERRON, JAMES R.		4. 2 NAME		
STREET ADDRESS	2016 VILLAGE AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	· · · · · · · · · · · · · · · · · · ·	4.4 City-St-ZiP	·	
TITLE	TD	☐ DELETE	5.1 TITLE	President/ Transver	
NAME	WARREN, MIKE		5.2 NAME	•	
STREET ADDRESS	1971 GROVELAND RD		5.3 STREET ADDRESS		
CITY - ST - ZIP	PALM HARBOR FL 34683	- Farier	5.4 CITY - ST - ZIP		
TITLE	D OUADITO OPEATUOUSE	DELETE	6.1 TITLE		Change Addition
NAME	CHARLES GREATHOUSE,		6.2 NAME		,
STREET ADDRESS	3428 ROSE AVENUE	•	6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELANE FL 33809	d with this filing does not a 14	64 CITY-ST-ZIP	totad in Section 119 07/2V/) Elevida Statute	I further partify that the
14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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, of on an attachment with an address.					
	<i>~ 1 ~ 3</i>				