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FILED  
Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **765178** (9)

1. Corporation Name

**FLORIDA GULF COAST RAILROAD MUSEUM, INC.**

Principal Place of Business

**% P.O. BOX 355  
PARRISH FL 34219**

Mailing Address

**P.O. BOX 18135  
CLEARWATER FL 34622  
US**

3. Date Incorporated or Qualified

**09/23/1982**

4. FEI Number

**59-2261446**

Applied For

Not Applicable

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

Country

**24**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

Country

**29**

**30**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**WARREN, MIKE  
1971 GROVELAND RD  
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent

**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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **JOHNSON, C.W.**  
STREET ADDRESS **5850 WILLIS RD.**  
CITY-ST-ZIP **PALMETTO FL**

TITLE **D** ☐ DELETE

NAME **ARWE, ALFRED**  
STREET ADDRESS **5808 4TH AVE. N.W.**  
CITY-ST-ZIP **BRADENTON FL**

TITLE **D** ☐ DELETE

NAME **KEN CLARK,**  
STREET ADDRESS **4216 LONGHORN DR.**  
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **PD** ☐ DELETE

NAME **HERRON, JAMES R.**  
STREET ADDRESS **2016 VILLAGE AVENUE**  
CITY-ST-ZIP **TAMPA FL**

TITLE **PT** ☐ DELETE

NAME **WARREN, MIKE**  
STREET ADDRESS **1971 GROVELAND RD**  
CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**D Ralph Cross  
4304 96 Ave E.  
Parrish FL 34219**

14. 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 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: *Michael Warren*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/1/98**

**813 786 2371**

CR2E037 (10/97)