


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90136 001 ****61.25

DOCUMENT # 765178 1. Entity Name FLORIDA RAILROAD MUSEUM, INC.					
Principal Place of Business % P.O. BOX 355 PARRISH, FL 34219			Mailing Address P.O. BOX 355 PARRISH, FL 34219 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2261446	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HERRON, JAMES R 2016 VILLAGE AVE TAMPA, FL 33616				7. Name and Address of New Registered Agent Name MICHAEL MEKSRAITIS Street Address (P.O. Box Number is Not Acceptable) 704 S. NEWPORT AVE City TAMPA FL Zip Code 33606	
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 MICHAEL MEKSRAITIS, PRESIDENT <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4/12/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEKSRAITIS, MICHAEL 704 S. NEWPORT AVE TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUNHAM, DR. EDWARD 6405-67TH ST. EAST PALMETTO, FL 34221	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WONDERLY, STEVEN 1916 SIESTA CT CLEARWATER, FL 337647044	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRON, JAMES R. 2016 VILLAGE AVE NORTH TAMPA, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MADDOCK, WILLIAM J 3108 DONNA DRIVE ELLENTON, FL 34222	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINET, MARK 5507 CAMPTON CT TAMPA, FL 33647	<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ROBIN HARRIS 397 GRAND BAY DR, PALM HARBOR, FL. 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR REV. WILLIAM KNIGHT 911 W. PALMETTO ST. NAUCHULA, FL. 33873-2553	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR MICHAEL MEKSRAITIS 704 S. NEWPORT AVE TAMPA, FL. 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER WILLIAM J. MADDOCK 2217 GRENADIER DRIVE SUN CITY CENTER, FL. 33573	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: William J. Maddock, Treas. 4/12/06 813-634-9841 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					