


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90002 049 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2261446	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MEKSRAITIS, MICHAEL 704 S NEWPORT AVE TAMPA, FL 33606				Name STEVEN WONDERLY Street Address (P.O. Box Number is Not Acceptable) 1916 SIESTA CT. City CLEARWATER FL Zip Code 33764	
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 <i>Steven Wonderly</i> STEVEN WONDERLY, PRES. 3/22/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, ROBIN		NAME	STEVEN WONDERLY	
STREET ADDRESS	397 GRAND BAY DR		STREET ADDRESS	1916 SIESTA CT.	
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D V P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNHAM, DR. EDWARD		NAME	PETER MASON	
STREET ADDRESS	6405-67TH ST. EAST		STREET ADDRESS	2072 MC MULLEN RD.	
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP	LARGO, FL 33771	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEKSRAITIS, MICHAEL		NAME	PAUL CHAPMAN	
STREET ADDRESS	704 S NEWPORT AVE		STREET ADDRESS	4119 42ND STREET	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADDOCK, WILLIAM J		NAME	MEKSRAITIS, MICHAEL	
STREET ADDRESS	2217 GRENADIER DR		STREET ADDRESS	704 S. NEWPORT AVE.	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	MARTINET, MARK		NAME		
STREET ADDRESS	5507 CAMPTON CT		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>William J. Maddock</i> WILLIAM J. MADDOCK 3/24/07 813-634-9841 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #</small> TREASURER					