2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# 765178

Entity Name: FLORIDA RAILROAD MUSEUM, INC.

Current Principal Place of Business:

% P.O. BOX 355
PARRISH, FL 34219

New Principal Place of Business:

12210 83RD ST. E.
PARRISH, FL 34219

Current Mailing Address:

P.O. BOX 355
PARRISH, FL 34219 US

New Mailing Address:

FEI Number: 59-2261446 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WONDERLY, STEVEN
1916 SIESTA CT.
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	WONDERLY, STEVEN	
Address:	1916 SIESTA CT.	
City-St-Zip:	CLEARWATER, FL 33764	
Title:	SD	( ) Delete
Name:	DUNHAM, DR. EDWARD	
Address:	6405-67TH ST. EAST	
City-St-Zip:	PALMETTO, FL 34221	
Title:	DV	( ) Delete
Name:	MASON, PETER	
Address:	2072 MCMULLEN RD.	
City-St-Zip:	LARGO, FL 33771	
Title:	T	( ) Delete
Name:	MADDOCK, WILLIAM J	
Address:	2217 GRENADIER DR	
City-St-Zip:	SUN CITY CENTER, FL 33573	
Title:	D	( ) Delete
Name:	CHAPMAN, PAUL	
Address:	4119 42ND STREET	
City-St-Zip:	SARASOTA, FL 34235	
Title:	D	( ) Delete
Name:	MILEY, GLENN E	
Address:	7011 49TH PLACE E.	
City-St-Zip:	PALMETTO, FL 34221	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DV	(X) Change ( ) Addition
Name:	MASON, DR. PETER	
Address:	2072 MCMULLEN RD.	
City-St-Zip:	LARGO, FL 33771	
Title:	D/T	(X) Change ( ) Addition
Name:	MADDOCK, WILLIAM J	
Address:	2217 GRENADIER DR	
City-St-Zip:	SUN CITY CENTER, FL 33573	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J. MADDOCK D/T 04/08/2009

Electronic Signature of Signing Officer or Director — Date