

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765945

FILED
Feb 20, 2008
Secretary of State

Entity Name: FLORIDA COALITION OF RAIL PASSENGERS, INC.

Current Principal Place of Business:

C/O BARBARA THOMAS
1420 DANDELION DRIVE
DELTONA, FL 327258404 US

New Principal Place of Business:

Current Mailing Address:

C/O BARBARA THOMAS
1420 DANDELION DRIVE
DELTONA, FL 327258404 US

New Mailing Address:

FEI Number: 36-3400705 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNN, CHARLES A.
1131 CATALONIA AVE.
CORAL GABLES, FL 33134 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: D () Delete
Name: ROSE, WAYNE
Address: 2807 YULE TREE DRIVE
City-St-Zip: EDGEWATER, FL 32141

Title: TD () Delete
Name: THOMAS, JOHN D.,
Address: 1420 DANDELION DR.
City-St-Zip: DELTONA, FL

Title: P () Delete
Name: MCQUIGG, JACKSON
Address: 1686 PIPER CIRCLE SE
City-St-Zip: ATLANTA, GA 30316

Title: D () Delete
Name: MCQUIGG, JOHN,
Address: 1509 ARECA ROAD
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: JONES, EDGAR,
Address: 1 TERRACE GARDENS
City-St-Zip: LAKELAND, FL 33815

Title: D () Delete
Name: HEALY, ANDREW
Address: 6325 WYNGLOW LANE
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

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: JOHN THOMAS

Electronic Signature of Signing Officer or Director

VP

02/20/2008

Date