

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90011 037 \*\*\*\*61.25

**DOCUMENT # 769806**

1. Entity Name  
**NORTH FLORIDA CHAPTER OF THE NATIONAL  
RAILWAY HISTORICAL SOCIETY, INC.**



Principal Place of Business  
**POST OFFICE BOX 16493  
JACKSONVILLE, FL 32245**

Mailing Address  
**POST OFFICE BOX 16493  
JACKSONVILLE, FL 32245**

40043400



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

02192007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**59-2381876**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**PAUL, RICHARD A  
3134 COURTNEY WOODS COURT  
JACKSONVILLE, FL 32224**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 PD ☒ Delete  
NAME BOLLINGER, GEORGE W  
STREET ADDRESS 8237 HIDDEN LAKE DRIVE N.  
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE PD ☐ Change ☒ Addition  
NAME **Jerry H. Sullivan**  
STREET ADDRESS **3421 SCRIMSHAW DR**  
CITY-ST-ZIP **Jacksonville, FL 32257**

TITLE TD ☐ Delete  
NAME PAUL, RICHARD A  
STREET ADDRESS 3134 COURTNEY WOODS COURT  
CITY-ST-ZIP JACKSONVILLE, FL 322241892

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME HINES, LESLIE K  
STREET ADDRESS 1333 CHALLEN AVENUE  
CITY-ST-ZIP JACKSONVILLE, FL 322057845

TITLE SD ☐ Change ☒ Addition  
NAME **GEORGE BOLLINGER**  
STREET ADDRESS **8237 N. Hidden Lake Dr**  
CITY-ST-ZIP **Jacksonville, FL 32216**

TITLE VD ☒ Delete  
NAME DEMARINO, GEORGE W  
STREET ADDRESS 11885 TANYA TERRACE EAST  
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE VD ☐ Change ☒ Addition  
NAME **→ Same**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 an other like empowered.

**SIGNATURE:** *Richard A Paul* **RICHARD A PAUL** **2-22-07 904.247.6290**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #