

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769806

FILED
Jan 18, 2009
Secretary of State

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

Current Principal Place of Business:

POST OFFICE BOX 16493
JACKSONVILLE, FL 32245

New Principal Place of Business:

988 BLACKBERRY LANE
JACKSONVILLE, FL 32259

Current Mailing Address:

POST OFFICE BOX 16493
JACKSONVILLE, FL 32245

New Mailing Address:

POST OFFICE BOX 16493
JACKSONVILLE, FL 32245

FEI Number: 59-2381876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

JOHN, HOLMGREN S
988 BLACKBERRY LANE
JACKSONVILLE, FL 32259 US

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: JOHN S. HOLMGREN

01/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BOLLINGER, GEORGE W
Address: 8237 HIDDEN LAKE DRIVE N.
City-St-Zip: JACKSONVILLE, FL 32216

Title: TD () Delete
Name: PAUL, RICHARD A
Address: 3134 COURTNEY WOODS COURT
City-St-Zip: JACKSONVILLE, FL 322241892

Title: PD () Delete
Name: SULLIVAN, JERRY W
Address: 3421 SCRUMSHAW DR.
City-St-Zip: JACKSONVILLE, FL 32257

Title: VD () Delete
Name: DEMARINO, GEORGE W
Address: 11885 TANYA TERRACE EAST
City-St-Zip: JACKSONVILLE, FL 32223

Title: TD () Delete
Name: HOLMGREN, JOHN S
Address: 988 BLACKBERRY LANE
City-St-Zip: FRUIT COVE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: MCGINN, THOMAS J
Address: 1927 KINGSWOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32207

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

Title: VD (X) Change () Addition
Name: SIMMS, THOMAS C JR.
Address: 4221 WEATHERWOOD ESTATES DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

Title: PD (X) Change () Addition
Name: HOLMGREN, JOHN S
Address: 988 BLACKBERRY LANE
City-St-Zip: FRUIT COVE, FL 32259

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 S. HOLMGREN

P

01/18/2009

Electronic Signature of Signing Officer or Director

Date