

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007515

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** DOWNEAST RAIL HERITAGE PRESERVATION TRUST, INC.

**Current Principal Place of Business:**

% DOUGLAS C. CHAPMAN, ESQ  
109 MAIN ST  
BAR HARBOR, ME 04609

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 950  
BAR HARBOR, ME 04609

**New Mailing Address:**

**FEI Number:** 16-1714124

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LYNCH, FRANCIS X. J. ESQ  
625 N FLAGLER DR  
9TH FLOOR  
W PALM BEACH, FL 33401 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: PC ( ) Delete  
Name: TESTA, THOMAS J  
Address: 221 ROYAL POINCIANA WAY  
City-St-Zip: PALM BEACH, FL 33480

Title: VPVC ( ) Delete  
Name: JACKMAN, KEN S  
Address: 107 STANDPIPE RD  
City-St-Zip: DAMARISCOTTA, ME 04543

Title: VPTD ( ) Delete  
Name: BRIGGS, GARY R  
Address: 9 PROSPECT ST  
City-St-Zip: BREWER, ME 04412

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VPSD (X) Change ( ) Addition  
Name: ALEXANDER, WILLIAM S  
Address: 262 BENTON ROAD  
City-St-Zip: ALBION, ME 04910

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: THOMAS J. TESTA

PRES

01/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date