

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 9:58

DOCUMENT # G38386

(0)

1. Corporation Name

GOLD COAST RAILROAD MUSEUM, INC.

Principal Place of Business

12450 SW 152ND STREET
MIAMI FL 33177

Mailing Address

12450 SW 152ND STREET
MIAMI FL 33177

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/10/1983

3a. Date of Last Report

05/27/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

59-6136069

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PECK, JAMES
475 BUILTMORE WAY
#303
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BENDA, GALEN
STREET ADDRESS	12450 SW 152ND ST.
CITY-ST-ZIP	MIAMI FL 33177
TITLE	PD
NAME	GREER, CORNELIA
STREET ADDRESS	12450 SW 152ND STREET
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	WILLISON, ROBERT
STREET ADDRESS	12450 SW 152ND ST
CITY-ST-ZIP	MIAMI FL
TITLE	TD
NAME	DOWNING, JOHN
STREET ADDRESS	10438 SW 76TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	COLE, JOHN
STREET ADDRESS	12450 SW 152ND STREET
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	PECK, JAMES
STREET ADDRESS	12450 SW 152ND STREET
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	THASUNAN ☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SICRATIN ☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	JOHN McCLAW
5.3 STREET ADDRESS	152 S.W. 12450
5.4 CITY-ST-ZIP	MIAMI FL 33177
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert A. Willison ROBERT A. WILLISON

Date

1/27/95 738-6405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature (Typed)