## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 21, 2006 8:00 am Secretary of State DOCUMENT # N00000005331 1. Entity Name 02-21-2006 90030 008 \*\*\*\*61.25 BEACHES AREA MODEL RAILROAD CLUB, INC. Principal Place of Business Mailing Address 953 NORTH 4TH ST 3520-3 ST. JOHNS BLUFF RD. JACKSONVILLE FL 32224 JACKSONVILLE BEACH FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3662361 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENK, DAVID C Street Address (P.O. Box Number is Not Acceptable) 4006 LANDFALL LANE JACKSONVILLE BEACH FL 32250 City 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE ☐ Delete TITLE ■ Addition Change PAUL, RICHARD A NAME NAME STREET ADDRESS 3134 COURTNEY WOOD COURT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32224 CITY-ST-ZIP PD ☐ Delete TITLE TITLE ☐ Change ☐ Addition HOOT, KENNETH W NAME NAME 1621 5TH AVE N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition HENK, DAVID C STREET ADDRESS 4006 LANDFALL LN STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32250 CITY - ST - ZIP FALKEN, HENRY R 321 LAUDEN CX Change Addition ☐ Delete FALKEN, HENRY R N Sw APPRESS STREET ADDRESS 153 COASTAL OAK CIRCLE STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 all other like empowered.

**SIGNATURE:** 

**FILED** 

904

9010 C. HENK 2/8/06