2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# N01000000003

Entity Name: VETERANS MEMORIAL RAILROAD, INC.

Current Principal Place of Business:

14043 NW CR 12
BRISTOL, FL 323210311

New Principal Place of Business:

Current Mailing Address:

14043 NW CR 12
BRISTOL, FL 323210311

New Mailing Address:

FEI Number: 59-3685848 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEENAN, THOMAS A
14043 NW CR 12
BRISTOL, FL 32321 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:	P	( ) Delete
Name:	ANTHAMATTEN, JOHN	
Address:	9721 MOCCASIN GAP RD	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	V	( ) Delete
Name:	BROWN, BECKY	
Address:	18721 OLD BLUE CREEK ROAD	
City-St-Zip:	HOSFORD, FL 32334	
Title:	ST	( ) Delete
Name:	KEENAN, THOMAS	
Address:	14043 NW CR 12	
City-St-Zip:	BRISTOL, FL 323210311	
Title:	D	( ) Delete
Name:	MORAN, JACK	
Address:	18721 OLD BLUE CREEK ROAD	
City-St-Zip:	BRISTOL, FL 32321	
Title:	D	( ) Delete
Name:	MORAN, BABS	
Address:	10915 SPRING BRANCH RD	
City-St-Zip:	BRISTOL, FL 32321	
Title:	D	( ) Delete
Name:	KEENAN, GLORIA	
Address:	14043 NW CR 12	
City-St-Zip:	BRISTOL, FL 32321	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 A. KEENAN ST 01/28/2009
Electronic Signature of Signing Officer or Director — Date