

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90078 018 ****61.25

DOCUMENT # N02805

1. Entity Name
**POLK COUNTY MODEL RAILROAD BUILDERS
ASSOCIATION, INC.**



Principal Place of Business
**7750 N SCENIC HWY
LAKE WALES, FL 33853**

Mailing Address
**7750 N SCENIC HWY
LAKE WALES, FL 33853**



01222006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3113661

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DOBLER, RICHARD
7750 N SCENIC HWY
LAKE WALES, FL 33898**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILLER, BOB
STREET ADDRESS	207 AVE., I, S.E.
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	D
NAME	DOBLER, RICHARD D.
STREET ADDRESS	7750 N SCENIC HWY
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	D
NAME	ANDERSON, HARRY
STREET ADDRESS	1210 N LAKE OTIS DR.
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Richard D. Dobler* **RICHARD D. DOBLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-06

Date

863-42438-8714

Daytime Phone #