

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004562

FILED
Apr 27, 2007
Secretary of State

Entity Name: SAINT AUGUSTINE TRANSPORTATION MUSEUM, INC.

Current Principal Place of Business:

244 STATE ROAD 16
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

244 STATE ROAD 16
ST AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 20-1572896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PELLICER, CHARLES E
28 CORDOVA STREET
ST AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

FERRELL, ROLAND E
244 STATE ROAD 16
ST AUGUSTINE, FL 32084 US

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: ROLAND E FERRELL

04/27/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PETTINGELL, RICHARD J
Address: 203 PORPOISE DR
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D () Delete
Name: LYNCH, CHRISTOPHER
Address: 121 FERROL ROAD
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D () Delete
Name: FERRELL, ROLAND E
Address: 244 STATE ROAD 16
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D (X) Delete
Name: GENOVAR, PHIL
Address: 1715 OLD MOULTRIE RD
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D (X) Delete
Name: PELLICER, CHARLES E
Address: 28 CORDOVA STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: WILLIAMS, SHAWN
Address: 250 INDIAN BRANCH RANCH ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092

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: ROLAND E FERRELL

D

04/27/2007

Electronic Signature of Signing Officer or Director

Date