2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 02, 2008 8:00 am Secretary of State DOCUMENT # N06000006998 1. Entity Name 04-02-2008 90020 020 ****61.25 JACKSONVILLE TERMINAL RAILROAD MUSEUM INC. Principal Place of Business Mailing Address 10576 CASTLEBROOK DR. 10576 CASTLEBROOK DR. JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 74-3182431 Not Applicable Ziο Country Zip 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 Name BUTCHER, RODNEY Street Address (P.O. Box Number is Not Acceptable) 10576 CASTLEBROOK DR. JACKSONVILLE FL 32257 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BUTCHER, RODNEY NAME NAME STREET ADDRESS 10576 CASTLEBROOK DR. STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIP CITY-ST-7/P VC TITLE Delete TITLE (Change ☐ Addition BOYER SCOTT 10576 CASTLE BROOK DR BOYER, SCOTT NAME 10576 CASTLEBROOK DR. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIP TITLE Delete TITLE VC Notition VI Change BUTCHER, VICKI NAME NAME HARDING WILLIAM STREET ADDRESS 10576 CASTLEBROOK DR. STREET ADDRESS 7340 MIDWAY RO JACKSONVILLE FL 32257 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32244 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing 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: Wochy L. Butto