


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90125 020 \*\*\*\*61.25

<b>DOCUMENT # N09044</b> 1. Entity Name WEST FLORIDA RAILROAD MUSEUM, INC.					
Principal Place of Business C/O L & N DEPOT 206 HENRY STREET MILTON, FL 32570			Mailing Address P O BOX 770 MILTON, FL 32572 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-2561024				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  BRYSON, RON 2930 JOHNSON ROAD BONIFAY, FL 32425			7. Name and Address of New Registered Agent Name <u>MOODY, THOMAS</u> Street Address (P.O. Box Number is Not Acceptable) <u>4901 SHELL ROAD</u> City <u>MILTON</u> FL <u>32583</u>		
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 <u>Thomas W. Moody</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/19/06</u>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRYSON, RON		NAME	DORNER, BOBBIE	
STREET ADDRESS	2930 JOHNSON ROAD		STREET ADDRESS	1306 STRONG STREET	
CITY-ST-ZIP	BONIFAY, FL 32424		CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOODY, THOMAS		NAME		
STREET ADDRESS	4901 SHELL RD		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 32583		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUTTLE, ARTHUR		NAME		
STREET ADDRESS	6755 HWY 99		STREET ADDRESS		
CITY-ST-ZIP	MOLINO, FL 32577		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, JIM		NAME		
STREET ADDRESS	5808 LORING DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 32583		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICE, EDWARD		NAME		
STREET ADDRESS	1306 STRONG ST		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTMAN, ED		NAME		
STREET ADDRESS	5859 HOGANS ALLEY		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP		
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: <u>Thomas W. Moody</u> THOMAS W. MOODY <u>4/19/06</u> 850-983-2053 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					