

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09044

FILED
Mar 25, 2009
Secretary of State

Entity Name: WEST FLORIDA RAILROAD MUSEUM, INC.

Current Principal Place of Business:

5003 HENRY STREET
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

P O BOX 770
MILTON, FL 32572 US

New Mailing Address:

FEI Number: 59-2561024 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOODY, THOMAS
4901 SHELL ROAD
MILTON, FL 32583 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: SD () Delete
Name: DORNER, BOBBIE
Address: 1306 STRONG STREET
City-St-Zip: PENSACOLA, FL 32501

Title: TD () Delete
Name: MOODY, THOMAS
Address: 4901 SHELL RD
City-St-Zip: MILTON, FL 32583

Title: VD () Delete
Name: TUTTLE, ARTHUR
Address: 6755 HWY 99
City-St-Zip: MOLINO, FL 32577

Title: PD () Delete
Name: MARTIN, JIM
Address: 5808 LORING DRIVE
City-St-Zip: MILTON, FL 32583

Title: D () Delete
Name: AUGUSTINE, TOM
Address: 3487 MUNDY LANE
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: HOLTMAN, ED
Address: 5859 HOGANS ALLEY
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PD (X) Change () Addition
Name: TUTTLE, ARTHUR
Address: 6755 HWY 99
City-St-Zip: MOLINO, FL 32577

Title: D (X) Change () Addition
Name: WILSON, GEORGE
Address: 3444 CAMELOT PLACE
City-St-Zip: MILTON, FL 32583

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

Title: VD (X) Change () Addition
Name: HOLTMAN, ED
Address: 5859 HOGANS ALLEY
City-St-Zip: MILTON, FL 32570

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 W. MOODY

TD

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date