

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90009 039 ****61.25

DOCUMENT # N23409

1. Entity Name
**TREASURE COAST MODEL RAILROAD CLUB AND
HISTORICAL SOCIETY, INC.**



Principal Place of Business
**273 SW BECKER RD.
PORT SAINT LUCIE, FL 34986 US**

Mailing Address
**2595 E DELANO RD
PORT SAINT LUCIE, FL 34952 US**

40008786



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0027199

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NAPPI, NEIL J
2595 SE DELANO RD
PORT SAINT LUCIE, FL 34952**

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
NAPPI, NEIL
2595 SE DELANO RD
PORT ST LUCIE, FL 34952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BURKE, RICHARD GREENSTEIN, KEN
3766 NW MEDITERRANEAN LANE 315 NW MILL RD LN
JENSEN BEACH, FL 34956 PORT ST. LUCIE, FL 34986**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
ELFRETH, BRUCE
666 SW ALL AMERICAN BLVD
PALM CITY, FL 34990**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
FIELD, DANIEL
1970 COPENHAVER RD
FORT PIERCE, FL 34945**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07
Date

772-562-7474
Daytime Phone #

DANIEL E. FIELD, CPA, TREASURER