




# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90190 025 \*\*\*\*61.25

<b>DOCUMENT # N25200</b> 1. Entity Name <b>BIG PINE AND SAWGRASS MODEL RAILROAD ASSOCIATION INC.</b>					
Principal Place of Business <b>HOLLYWOOD RAILROAD STATION 3001 HOLLYWOOD BLVD HOLLYWOOD, FL 33021-7046 US</b>			Mailing Address <b>HOLLYWOOD RAILROAD STATION 3001 HOLLYWOOD BLVD HOLLYWOOD, FL 33021-7046 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PATTERSON, KEVIN HOLLYWOOD RAILROAD STATION 3001 HOLLYWOOD BLVD HOLLYWOOD, FL 33021-7046</b>				Name <b>ALLEN, EDWIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>3001 HOLLYWOOD BLVD</b> <b>HOLLYWOOD RAILROAD STATION</b> City <b>HOLLYWOOD, FL</b> <b>FL</b> Zip Code <b>33021-7046</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>				DATE <b>4/15/08</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to: <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD PATTERSON, KEVIN 3001 HOLLYWOOD BLVD HOLLYWOOD, FL 330217046</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD FINAERG, ROBERT 3001 HOLLYWOOD BLVD HOLLYWOOD, FL 33021-7046</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BLISS, BILL 3001 HOLLYWOOD BLVD HOLLYWOOD, FL 330217046</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BAIRD, GREG 3001 HOLLYWOOD BLVD HOLLYWOOD, FL 330217046</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ALLEN, EDWIN 3001 HOLLYWOOD BLVD HOLLYWOOD, FL 330217046</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD CARTER, VINSON 7426 MCKINLEY ST HOLLYWOOD, FL 33024</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/15/08</b> Daytime Phone #		