
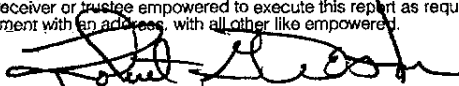


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N33385 1. Entity Name NORTH FLORIDA RAILWAY MUSEUM, INC.		
Principal Place of Business 4297 DILLON ST JACKSONVILLE, FL 32205 US		Mailing Address P O BOX 11761 JACKSONVILLE, FL 32239-1761 US
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent CHRISTIAN, GARY I ESQ 3100 UNIVERSITY BLVD. S. SUITE 101 3100 BLDG. JACKSONVILLE, FL 32216		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNAPPE JR., OSCAR B 10263 SCOTT MILL ROAD JACKSONVILLE, FL 322576224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, JAMES A 2885 CIRCLE RIDGE DRIVE ORANGE PARK, FL 32065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWES, WILLIAM F 3454 CORMORANT COVE DRIVE JACKSONVILLE, FL 322232790	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLLINGER, GEORGE 8237 HIDDEN LAKE DRIVE N JACKSONVILLE, FL 322166321	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BILLY, JR, WILLIAM A 6233 SAGE DRIVE JACKSONVILLE, FL 322107256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCK, EDMUND 2215 AVIAN PLACE JACKSONVILLE, FL 32224	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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		Date 3/05/05 904992841 Daytime Phone #



02082005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2917850	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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03/18/05-80030-012 61.25

**DO NOT WRITE
IN THIS SPACE**