

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90009 013 ****61.25

DOCUMENT # N33385

1. Entity Name
NORTH FLORIDA RAILWAY MUSEUM, INC.



Principal Place of Business
2756 CONNIE CIRCLE
ORANGE PARK, FL 32068 US

Mailing Address
P.O. BOX 992
GREEN COVE SPRINGS, FL 32043 US

DO NOT WRITE IN THIS SPACE

01072008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

LEAGUE & JESPERSON, P.A. *Gordon O. Jespersen*
1279 KINGSLEY AVENUE
SUITE 118
ORANGE PARK, FL 32073

**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 *Gordon O. Jespersen*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/14/2008
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE S
NAME CARTER, LINDA
STREET ADDRESS 4022 SPRINGWOOD ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE T
NAME DETTMER, R.W.
STREET ADDRESS 2756 CONNIE CIRCLE
CITY-ST-ZIP ORANGE PARK, FL 32068

TITLE D
NAME MCGINN, T.J.
STREET ADDRESS 1927 KINGSWOOD ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE D
NAME BOGGS, JAY
STREET ADDRESS 3289 COUNTRY OAKS COURT
CITY-ST-ZIP ORANGE PARK, FL 32065

TITLE P
NAME BILLY, WILLIAM
STREET ADDRESS 6233 SAGE DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE VP
NAME ROCK, EDMUND
STREET ADDRESS 2215 AVIAN PLACE
CITY-ST-ZIP JACKSONVILLE, FL 32224

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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: *R.W. Dettmer* R.W. DETTMER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-08
Date

904-269-2445
Daytime Phone #