SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 20 PM 10:18
TALLAHASSEE, FLORIDA

DOCUMENT # **N34847** **(6)**

1. Corporation Name
CSX TRANSPORTATION EMPLOYEES DISASTER RELIEF FUN D, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% GERALD L. NICHOLS 500 WATER ST., 15TH FLOOR JACKSONVILLE FL 32202	500 WATER STREET ROOM 110 JACKSONVILLE FL 32202 US

3. Date Incorporated or Qualified: 10/24/1989
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-3014415 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

NICHOLS, GERALD L.
500 WATER ST., 15TH FLOOR
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: X Gerald L. Nichols — Gerald L. Nichols — 6-30-95
Signature, type or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 13		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	BUSSARD, RICHARD E.	12 NAME		
STREET ADDRESS	500 WATER STREET, J420	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	VD	☐ Change ☒ Addition
NAME	CODD, J.E.	22 NAME	Hillyard, P.E.	
STREET ADDRESS	500 WATER STREET, J265 Delete	23 STREET ADDRESS	P.O. Box 48	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Newburgh, IN 47629	
TITLE	VD	31 TITLE	VD	☐ Change ☒ Addition
NAME	ROMEDY, BARBARA B. Delete	32 NAME	Thomerson, H.D.	
STREET ADDRESS	6735 SOUTHPOINT DRIVE S., J685	33 STREET ADDRESS	100 Oakland Avenue	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Florence, SC 29506	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	DIRSA, MELINDA J.	42 NAME		
STREET ADDRESS	500 WATER STREET, J420	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP		
TITLE	SD	51 TITLE		☐ Change ☐ Addition
NAME	ROSENBERGER, C. M	52 NAME		
STREET ADDRESS	500 WATER STREET, J150	53 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP		
TITLE	A	61 TITLE		☐ Change ☐ Addition
NAME	NICHOLS, GL	62 NAME		
STREET ADDRESS	500 WATER ST	63 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard E Bussard — 6/30/95 — 904/
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001606