


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

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N42304 1. Entity Name ORLANDO SOCIETY OF MODEL RAILROADERS, INC.	
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Principal Place of Business C/O JOHN V. BAUM 213 SOUTH SWOOPE MAITLAND, FL 32751 US	Mailing Address C/O JOHN V. BAUM 213 SOUTH SWOOPE MAITLAND, FL 32751 US
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DO NOT WRITE IN THIS SPACE



01182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3051964	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 BAUM, JOHN V. 213 SOUTH SWOOPE MAITLAND, FL 32751
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARTORI, PAUL 301 BOUGIVAL CT ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYER, ROBERT 1240 MAJESTY OAK DRIVE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALFE, EDWARD 1310 NOBLE STREET LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATHAWAY, JOHN 611 DAVID STREET WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAUM, JOHN V 213 SOUTH SWOOPE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000598798
01/25/07-80001-010 61.25

**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:  JOHN V. BAUM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/07 407-645-5325
Date Daytime Phone #