FILE NOW: FILING FEE IS \$61.25

FILED NONPROFIT Feb 10 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthan. ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** ·1998 DOCUMENT # N50511 FLAGLER MODEL RAILROAD CLUB INC. Principal Place of Business Mailing Address 12 WOODHAVEN DR PALM GOAST EL 32164 PO BOX 351673 3. Date incorporated or Qualified PALM COAST FL 2 08/24/1992 4. FEI Number Applied For 59-3149196 Not Applicable Mailing Address \$8.75 Additional 5. Certificate of Status Desired Fee Required ulte. Apt. #. etc Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 Trust Fund Contribution Added to Fees City & State 7. Is this nonprofit corporation a homeowners association? COAST Yes ☐ No Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DELETE FORD, ALFREDAY 62 Street Address (P.O. Box Number is Not Acceptable 12 WOODBRAVEN DR 83 PALM COAST-FL 32137 84 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 617.0509 Florida Statutes. WARREN ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE Change Addition 1.1 TITLE DIRECTOR (D) MORENO, BETER NAME 1.2 NAME ZAMBI (1900 S. PALMETTO) 13 CONTEE CT STREET ADDRESS 1.3 STREET ADDRESS PALM COASTIE BEACH, FL 32136 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE T) DIRECTOR/TREASUREK M Change TITLE 2.1 TITLE FORD ALFRESTR. KEITH A. MARTINO NAME 2.2 NAME 12 WOODHAVEN DR 604 SHEARWOOD DR STREET ADDRESS 2.3 STREET ADDRESS PACM COAST FE BEACH .FL 32136 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Addition MAYER, WARREN NAME 3.2 NAME 58-10+CLNB HOUSE DR STREET ADDRESS 3.3 STREET ADDRESS PALM COAST FI CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE T/TI F 4.1 TITLE Addition DIRECTOR-1 NAME 4. 2 NAME PAUL LOCHER 51 WESTFIELD LN STREET ADDRESS 4.3 STREET ADDRESS CARLSON ZN. PALM CÒAST FL PALM COAST, FL. 32137 CITY-ST-ZIP 4.4 CITY-ST-ZIP JULIUS SINGLE-DIR. DELETE 51 TITLE NAME 5.2 NAME PALM COAST, FL. 32/37 STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ DELETÉ TITLE 6.1 TITLE ■ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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.