

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90011 013 ****61.25

DOCUMENT # N50511		
1. Entity Name FLAGLER MODEL RAILROAD CLUB INC.		

Principal Place of Business 612 N. STATE ST. BUNNELL FL 32110 US	Mailing Address P.O. BOX 1011 BUNNELL FL 32110 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-3149196		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BAUMANN, WALTER 7 LOCHWIND LANE ORMOND BEACH FL 32174		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, FRANK PO BOX 353856 PALM COAST FL 32135 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARDEN, Richard 103 D SELMA TRAIL PALM COAST, FL 32164 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYER, WARREN 49 WATERS DR. PALM COAST FL 32164 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D+S John A BISSINGER 105 DEAR FOOT TRAIL ORMOND BCH. 32174 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAMBA, ALBERT PO BOX FLAGLER BEACH FL 32136 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAUMANN, WALTER 7 LOCHWIND LANE ORMOND BEACH FL 32174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAHLER, ARCHIE R 1710 N. CENTRAL AVE FLAGLER BEACH FL 32136 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCPARTLAND, EDWARD 690 ALEIDA DR SAINT AUGUSTINE FL 32086 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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:

Walter C. Baumann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/05

Date

Daytime Phone #