## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N50511

FILED Feb 06, 2006 Secretary of State

Entity Name: FLAGLER MODEL RAILROAD CLUB INC.

**Current Principal Place of Business: New Principal Place of Business:** 612 N. STATE ST BUNNELL, FL 32110 US **Current Mailing Address: New Mailing Address:** P.O. BOX 1011 BUNNELL, FL 32110 US FEI Number: 59-3149196 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAUMANN, WALTER MAHLER, ARCHIE P 7 LOCHWIND LANE 1710 N. CENTRAL AVE ORMOND BEACH, FL 32174 FLAGLER BEACH, FL 32136 US US 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. SIGNATURE: ARCHIE MAHLER 02/06/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MILLS, FRANK Name: Name: PO BOX 353856 Address: Address: City-St-Zip: PALM COAST, FL 32135 City-St-Zip: ( ) Delete Title: D/S Title: D/S (X) Change ( ) Addition BISSINGER, JOHN A Name: BISSINGER, JOHN A III Name: Address: 105 BEAR FOOT TRAIL Address: 150 BEAR FOOT TRAIL City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174 Title: () Delete Title: () Change () Addition BARDEN, RICHARD Name: Name: Address: 103 B SELUNA TRAIL Address: City-St-Zip: PALM COAST, FL 32164 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition BAUMANN, WALTER BAUMANN, WALTER Name: Name: 7 LOCHWIND LANE 7 LOCHWIND LANE Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174 Title: () Delete Title: (X) Change ( ) Addition MAHLER, ARCHIE R MAHLER, ARCHIE R Name: Name: 1710 N. CENTRAL AVE 1710 N. CENTRAL AVE Address: Address: City-St-Zip: FLAGLER BEACH, FL 32136 City-St-Zip: FLAGLER BEACH, FL 32136 Title: () Delete Title: () Change () Addition MCPARTLAND, EDWARD Name: Name: Address: 690 ALEIDA DR Address: SAINT AUGUSTINE, FL 32086 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A BISSINGER III S 02/06/2006