

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90043 021 ****61.25

DOCUMENT # N50511

1. Entity Name

FLAGLER MODEL RAILROAD CLUB AND MUSEUM INC.



Principal Place of Business

315 S. 7TH ST
FLAGLER BEACH FL 32136
US

Mailing Address

P.O. BOX 1011
BUNNELL FL 32110
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3149196

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAHLER, ARCHIE R
1710 N. CENTRAL AVE.
FLAGLER BEACH FL 32136

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]

ARCHIE R. MAHLER

03-29-2008

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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	JUDY MC PARTLAND, JUDY	
STREET ADDRESS	690 ALEIDA DR	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	S	☒ Delete
NAME	MATHIS, BOB	
STREET ADDRESS	5068 ROCKAWAY	
CITY-ST-ZIP	CLARKSTON MI 48348	
TITLE	D	☐ Delete
NAME	MARTINO, KEITH	
STREET ADDRESS	W. 170 58028 GREEN ST	
CITY-ST-ZIP	MUSKEGO WI 53348	
TITLE	T	☐ Delete
NAME	MAHLER, ARCHIE R	
STREET ADDRESS	1710 N. CENTRAL AVE.	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	FRAZER, AL	
STREET ADDRESS	101 LAKE GROVE DR	
CITY-ST-ZIP	CRESENT, CITY FL 32212	
TITLE	SEC	☒ Change ☐ Addition
NAME	MICHAELIS, JAMES	
STREET ADDRESS	138 PALM COAST PKWY.	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	TREASURER	☐ Change ☐ Addition
NAME	MARTINO, KEITH	
STREET ADDRESS	W. 170 58028 GREEN ST	
CITY-ST-ZIP	CLARKSTONE MI 48348	
TITLE	PRES PRES	☒ Change ☐ Addition
NAME	MAHLER, ARCHIE R	
STREET ADDRESS	1710 N. CENTRAL AVE	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	V.P.	☒ Change ☐ Addition
NAME	CAMERON, DON	
STREET ADDRESS	106 LAGARE ST	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	LASS, HERBERT	
STREET ADDRESS	6 SENECH PATH	
CITY-ST-ZIP	PALM COAST FL 32164	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

ARCHIE R. MAHLER

03-29-2008

1-386-439-1366