

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50511

FILED  
Mar 25, 2009  
Secretary of State

**Entity Name:** FLAGLER MODEL RAILROAD CLUB AND MUSEUM INC.

**Current Principal Place of Business:**

315 S. 7TH ST  
FLAGLER BEACH, FL 32136 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1011  
BUNNELL, FL 32110 US

**New Mailing Address:**

**FEI Number:** 59-3149196      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MC PARTLAND, JODY  
Address: 690 ALEIDA DR  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: S ( ) Delete  
Name: MICHAELIS, JAMES  
Address: 138 PALM COAST PKWY  
City-St-Zip: PALM COAST, FL 32137

Title: T ( ) Delete  
Name: MARTINO, KEITH  
Address: W.170 58028 GREEN ST.  
City-St-Zip: CLARKSTON, MI 48348

Title: P ( ) Delete  
Name: MAHLER, ARCHIE R  
Address: 1710 N. CENTRAL AVE  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VP ( ) Delete  
Name: CAMERON, DON  
Address: 106 LAGARE ST  
City-St-Zip: PALM COAST, FL 32137

Title: D ( ) Delete  
Name: HERBERT, LASS  
Address: 6 SENECH PATH  
City-St-Zip: PALM COAST, FL 32164

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ARCHIE R MAHLER

PRES

03/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date