

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005528

FILED  
Jan 22, 2007  
Secretary of State

Entity Name: MIRACLE STRIP MODEL RAILROAD CLUB INC.

**Current Principal Place of Business:**

1255A EGLIN PARKWAY  
SHALIMAR, FL 32579

**New Principal Place of Business:**

**Current Mailing Address:**  
1255A EGLIN PARKWAY  
SHALIMAR, FL 32579

**New Mailing Address:**

FEI Number: 59-3374100      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ENDRES, DOUGLAS G TD.  
642 RUSSELL BLVD.  
FORT WALTON BEACH, FL 32547      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: PD ( ) Delete  
Name: FOLLACCHIO, RAYMOND  
Address: 207 PILGRAM ST  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VPD ( ) Delete  
Name: BRAKEBILL, RAY  
Address: 903 JUDSON ST  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: TD ( ) Delete  
Name: ENDRES, DOUG  
Address: 642 RUSSELL BL  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: S ( ) Delete  
Name: TERRIGN, PETER  
Address: 726 COLONY CT  
City-St-Zip: FORT WALTON BEACH, FL 32547

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

Title: PD (X) Change ( ) Addition  
Name: FRETINA, BOB  
Address: 1213 FORST HIGHTS RD.  
City-St-Zip: FORT WALTON BEACH, FL 32547

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

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

Title: S (X) Change ( ) Addition  
Name: RANCH, TIM  
Address: 2958 PASO DEVNOZ  
City-St-Zip: NAVARRE, FL 32566

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: DOUGLAS G. ENDRES

TD

01/22/2007

Electronic Signature of Signing Officer or Director

Date