## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000005528

FILED Jaņ 05, 2<u>0</u>08 Secretary of State

Entity Name: MIRACLE STRIP MODEL RAILROAD CLUB INC.

**Current Principal Place of Business: New Principal Place of Business:** 1255A EGLIN PARKWAY SHALIMAR, FL 32579 **Current Mailing Address: New Mailing Address:** 1255A EGLIN PARKWAY SHALIMAR, FL 32579 FEI Number: 59-3374100 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: ENDRES, DOUGLAS G TD. 642 RUSSELL BLVD FORT WALTON BEACH, FL 32547 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FRETINA, BOB Name: Name: 1213 FORST HIGHTS RD. Address: Address: City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip: Title: VPD ( ) Delete Title: () Change () Addition Name: BRAKEBILL, RAY Name: Address: 903 JUDSON ST Address: City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip: Title: () Delete Title: () Change () Addition ENDRES, DOUG Name: Name: Address: 642 RUSSELL BL Address: City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip: Title: Title: (X) Change ( ) Addition () Delete Name: RANCH, TIM Name: SCHEER, BOB 74 MARLBOROUGH RD. Address: 2958 PASO DEVNOZ Address: City-St-Zip: NAVARRE, FL 32566 City-St-Zip: SHALIMAR, FL 32579

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. 01/05/2008