

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90009 022 ****61.25

DOCUMENT # N95000002089

1. Entity Name
**NORTHEAST FLORIDA LIVE STEAMERS AND
RAILROADERS, INC.**



Principal Place of Business
**POST OFFICE BOX 1097
GREEN COVE SPRINGS, FL 32043**

Mailing Address
**POST OFFICE BOX 1097
GREEN COVE SPRINGS, FL 32043**

40025803



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3311613

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DYESS, LARRY D
10941 JAVA DRIVE
JACKSONVILLE, FL 32246**

7. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 **P** ☐ Delete
NAME **WHITE, JAMES**
STREET ADDRESS **2359 OLANDER STREET**
CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043**

TITLE **V** ☒ Delete
NAME **BIDWELL, STEVE**
STREET ADDRESS **371 BLAIRMORE BLVD E**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE **TR** ☐ Delete
NAME **BRAUER, ALBERT**
STREET ADDRESS **1465 S SHORE DR**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE **TR** ☒ Delete
NAME **WOOD, JACK**
STREET ADDRESS **8008 SW 17TH PL**
CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE **TR** ☐ Delete
NAME **LANE, ELBERT JR**
STREET ADDRESS **2222 BOTANY ST**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE **T** ☐ Delete
NAME **WELLER, REGINALD**
STREET ADDRESS **332 EAGLE CREEK RD**
CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **V Ralph Reese**
STREET ADDRESS **1280 LAW LIGHTSET RD**
CITY-ST-ZIP **St-AUGUSTINE, FL 32084**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **TR LARRY DYESS**
STREET ADDRESS **10941 JAVA DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/2007
Date

904-655-8144
Daytime Phone #