

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90069 017 ****61.25

DOCUMENT # N96000004330

1. Entity Name
SEBRING MODEL RAILROAD CLUB, INC.



Principal Place of Business
**4012 RACCOON ROAD
ZOLFO SPRINGS, FL 33890**

Mailing Address
**4012 RACCOON ROAD
ZOLFO SPRINGS, FL 33890**

40000000



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3395773

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

**ARCHER, GENE H
4012 RACCOON ROAD
ZOLFO SPRINGS, FL 33890**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MEYER, RICHARD
STREET ADDRESS 2409 AVALON RD
CITY-ST-ZIP SEBRING, FL 33870

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

TITLE SD ☐ Delete
NAME ARCHER, GENE H
STREET ADDRESS 4012 RACCOON ROAD
CITY-ST-ZIP ZOLFO SPRINGS, FL 33890

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

TITLE VD ☒ Delete
NAME KUNKEL, EDD
STREET ADDRESS 6602 PRINCE AVE
CITY-ST-ZIP SEBRING, FL 33875

TITLE ☒ Change ☐ Addition
NAME **VD CURTIS PETERSEN**
STREET ADDRESS **4542 MYRTLE BEACH DR.**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE TD ☐ Delete
NAME McLANIGAN, JOHN
STREET ADDRESS 1900 FLOWER TERRACE
CITY-ST-ZIP SEBRING, FL 33875

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: Richard E. Meyer **Richard E. Meyer** 3-27-07 863-382-6350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #