## 2007 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## **DOCUMENT # N96000004330** 1. Entity Name SEBRING MODEL RAILROAD CLUB, INC.

TITLE

NAME

STREET ADDRESS



**FILED** 

Apr 16, 2007 8:00 am Secretary of State

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

Change

☐ Addition

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Principal Place of Business 4012 RACCOON ROAD ZOLFO SPRINGS, FL 33890		Mailing Address 4012 RACCOON ROAD ZOLFO SPRINGS, FL 33890				₫ በ በ a m m m m m m m m m m m m m m m m m						
2 Principal P	lace of Business - No P.O. Box #	3. Mailing Address		<del> </del>								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.				02272007	Chę	g-NP	(	R2E037	(12/06)	
City & State		City & State				4. FEI Numb 59-339		3				oplied For ot Applicable
Zip	Country	Zip	ip Country			5. Certificate of Status Desired S8.75 Additional Fee Required						
	6. Name and Address of Current	Registered Agent				7. Name an	d Addn	ess of N	ew Regi	stered A	gent	
ADOUED	OFNE H			Name								)
ARCHER, GENE H 4012 RACCOON ROAD ZOLFO SPRINGS, FL 33890				Street Address (P.O. Box Number is Not Acceptable)								
ZOLFOGF	T(114G3, 1 E 33G30		i									
				City						FL	Zip Cod	le
8. The above	named entity submits this statement for	or the purpose of changing its	registere	ed office or	r register	ed agent, or b	oth, in th	he State	of Florid	a. I am fa	ımiliar with,	and accept
the obligat	ions of registered agent.											
DIONATUEE.	•											
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	ed Agent signat	ture required	when reinstating)				DATE		
		<del></del>			ture required	_			Mak		noveble t	
	Filing Fee is \$61.25	and title if applicable. (NOTE  9. Election Can  Trust Fund C	npaign F	inancing	ture required	\$5.00 May Added to Fee				e check	payable t	
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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 reduct the trustee of the corporation or the receiver or trustee empowered to execute this reduct 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.

CITY-ST-ZIP

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NAME STREET ADDRESS

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SIGNATURE AND TYPED OR PRINTED HASE OF SIGNING OFFICER OR DIRECTOR