


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000003565	
1. Entity Name FLORIDA CITY, HOMESTEAD, GOLDCOAST HISTORIC RAILROAD FOUNDATION, INC.	

Principal Place of Business 1390 S. DIXIE HWY., #1203 CORAL GABLES, FL 33146	Mailing Address 1390 S. DIXIE HWY., #1203 CORAL GABLES, FL 33146
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04302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0935901	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAATTAMA, HENRY H
ONE S.E. THIRD AVENUE, 28TH FLOOR
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	HARPER, ALLEN C
STREET ADDRESS	1390 S. DIXIE HWY., #1203
CITY - ST - ZIP	CORAL GABLES, FL 33146
TITLE	STD
NAME	MURPHY, LORETTA A
STREET ADDRESS	1390 S. DIXIE HWY., #1203
CITY - ST - ZIP	CORAL GABLES, FL 33146
TITLE	D
NAME	JACKSON, JEFFREY D
STREET ADDRESS	479 MAIN
CITY - ST - ZIP	DURANGO, CO 81301
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000150545
05/04/04-80012-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Loretta A. Murphy* **LORETTA MURPHY, Sec.** **4-30-04** **305-667-0990**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #