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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 13 PM 3:05

DOCUMENT # 733882 (5)

1. Corporation Name  
**SARASOTA MODEL RAILROAD CLUB, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
2920 HOMASASSA ROAD 2920 HOMASASSA ROAD  
SARASOTA FL 34239 SARASOTA FL 34239

3. Date Incorporated or Qualified 09/22/1975 3a. Date of Last Report 02/25/1994

4. FEI Number 59-2828318 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 6730 G 15TH ST., E. 26 P.O. BOX 239  
Suite, Apt. #, etc. Suite, Apt. #, etc.

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

22 City & State 27 City & State  
23 SARASOTA, FL 28 TALLEHAST, FL

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip 25 Country 29 Zip 30 Country  
34243 34270-0239

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
DERR, JAMES A.  
2920 HOMASASSA RD  
SARASOTA FL 33579

10. Name and Address of New Registered Agent  
81 Name ALLEN NOVAK  
82 Street Address (P.O. Box Number is Not Acceptable) 3916 OAK GROVE DR.  
83  
84 City SARASOTA FL 85 Zip Code 34243

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Allen Novak ALLEN NOVAK, TREASURER FEB. 27, 1995

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	DERR, JAMES A
STREET ADDRESS	2920 HOMASASSA RD
CITY - ST - ZIP	SARASOTA FL
TITLE	VD
NAME	GORDON, PRINCE
STREET ADDRESS	5204 BROOKMEAD DR
CITY - ST - ZIP	SARASOTA FL
TITLE	SD
NAME	BIZAL, DAVID
STREET ADDRESS	4126 19TH ST W
CITY - ST - ZIP	BRADENTON FL
TITLE	TD
NAME	REED, ALAN
STREET ADDRESS	212 CHARDIN DR
CITY - ST - ZIP	NOKOMIS FL
TITLE	D
NAME	PLACE, H. M., II
STREET ADDRESS	1548 WHITMAN PLACE
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	HEFF, DONALD
STREET ADDRESS	3309 15TH AVE W
CITY - ST - ZIP	BRADENTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	PADEN, JACK R.
1 3 STREET ADDRESS	411 48TH STREET, W.
1 4 CITY - ST - ZIP	BRADENTON, FL 34209
2 1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	CLARK, JOHN
2 3 STREET ADDRESS	6379 RAVENWOOD WAY
2 4 CITY - ST - ZIP	SARASOTA, FL 34243-5228
3 1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	BIZAL, DAVID
3 3 STREET ADDRESS	4126 19TH ST. W.
3 4 CITY - ST - ZIP	BRADENTON, FL 34205-1306
4 1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	NOVAK, ALLEN
4 3 STREET ADDRESS	<del>P.O. BOX 12177</del> 3916 OAK GROVE DR
4 4 CITY - ST - ZIP	SARASOTA, FL <del>34278-3171</del> 34243
5 1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	PLACE, H. M., III
5 3 STREET ADDRESS	1548 WHITMAN PLACE
5 4 CITY - ST - ZIP	SARASOTA, FL 34243-1241
6 1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	TAYMAN, GARY
6 3 STREET ADDRESS	4247 ARROW DR.
6 4 CITY - ST - ZIP	SARASOTA, FL <del>34232-2515</del> DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Allen Novak ALLEN NOVAK FEB. 27, 1995 (813) 359-7583