

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733882

FILED  
Mar 26, 2008  
Secretary of State

**Entity Name:** THE RAILROAD EDUCATION AND LEARNING CENTER OF FLORIDA, INC.

**Current Principal Place of Business:**

6730 G 15TH ST E  
SARASOTA, FL 34243 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 239  
TALLEVAST, FL 342700239 US

**New Mailing Address:**

FEI Number: 59-2828318      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRUCE, ROYAL C  
1768 COTTONWOOD TRAIL  
SARASOTA, FL 34232 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GRUNDY, GARY  
Address: 777 JUNGLE QUEEN WAY  
City-St-Zip: LONGBOAT KEY, FL 34228 US

Title: VP ( ) Delete  
Name: JOHNSON, GEORGE  
Address: 2320 61ST STREET  
City-St-Zip: SARASOTA, FL 34243 US

Title: S ( ) Delete  
Name: NEWBERGER, EDWARD  
Address: 1431 GEORGETOWNE DR  
City-St-Zip: SARASOTA, FL 34232 US

Title: T ( ) Delete  
Name: BRUCE, ROYAL C  
Address: 1768 COTTONWOOD TRAIL  
City-St-Zip: SARASOTA, FL 34232 US

Title: DOOP ( ) Delete  
Name: MORAN, JOHN  
Address: 13429 2ND AVE NE  
City-St-Zip: BRADENTON, FL 34212 US

Title: DOA ( ) Delete  
Name: BECKER, JEROME  
Address: 4756 LUTHER AVE  
City-St-Zip: NORTH PORT, FL 34288 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROYAL BRUCE

T

03/26/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date