

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 733882 (5)
1. Corporation Name
SARASOTA MODEL RAILROAD CLUB, INC.



Principal Place of Business: 6730 G 15TH ST E, SARASOTA FL 34243, US
Mailing Address: P O BOX 239, TALLEVAST FL 34270-0239, US

3. Date Incorporated or Qualified: 09/22/1975
3a. Date of Last Report: 04/13/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2828318	Applied For: Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

ALLEN NOVAK
3916 OAK GROVE DR
SARASOTA FL 34243

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Allen Novak, Treasurer DATE: 1-29-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: PADEN, AJCK	1.1 TITLE:	1.2 NAME: PADEN, JACK
STREET ADDRESS: 411 48TH ST W	CITY-ST-ZIP: BRADENTON FL	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:
TITLE: VD	NAME: CLARK, JOHN	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 6379 RAVENWOOD WAY	CITY-ST-ZIP: SARASOTA FL	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: SD	NAME: BIZAL, DAVID	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: 4128 19TH ST W	CITY-ST-ZIP: BRADENTON F	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: TD	NAME: NOVAK, ALLEN	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 3916 OAK GROVE DR	CITY-ST-ZIP: SARASOTA FL	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: D	NAME: PLACE, H M III	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: 1548 WHITMAN PLACE	CITY-ST-ZIP: SARASOTA FL	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

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 119.07(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 DATE: 1-29-96 (941) 359-7583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)