

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 27 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **727200** (8)  
1. Corporation Name  
**DEERFIELD BEACH HISTORICAL SOCIETY INC**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**'BUTLER HOUSE'** PO BOX 755  
**380 E HILLSBORO BLVD** DEERFIELD BEACH FL 33443  
**DEERFIELD BCH FL 33441** US  
**US**

3. Date Incorporated or Qualified **08/17/1973** 3a. Date of Last Report **01/25/1994**  
4. FEI Number **23-7354099** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
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

2. Principal Place of Business 2a. Mailing Address  
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**DONOVAN, PATRICIA J**  
**9345 GETTYSBURG RD.**  
**BOCA RATON FL 33434**

10. Name and Address of New Registered Agent  
81 Name **Mary O. Mowry**  
82 Street Address (P.O. Box Number is Not Acceptable) **1351 Banyan Rd.**  
83 **BOCA RATON**  
84 City **Boca Raton** FL 85 Zip Code **33432**

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 *Mary O. Mowry* **MARY O. MOWRY** DATE **4-22-95**  
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>VP</b>
NAME	<b>RAPPAPORT, MARTIN</b>
STREET ADDRESS	<b>4300 N UNIV DR B-102</b>
CITY - ST - ZIP	<b>LAUDERHILLE FL</b>
TITLE	<b>SD</b>
NAME	<b>CAMPBELL, WILLIAM J</b>
STREET ADDRESS	<b>1233 E HILLSBORO BLVD</b>
CITY - ST - ZIP	<b>DEERFIELD BCH FL</b>
TITLE	<b>PD</b>
NAME	<b>DUNCOMBE, CONSTANCE</b>
STREET ADDRESS	<b>1260 NE 234RD PL</b>
CITY - ST - ZIP	<b>POMPANO BEACH FL</b>
TITLE	<b>TD</b>
NAME	<b>FIATO, KATHLEEN</b>
STREET ADDRESS	<b>291 NW 48TH AVE</b>
CITY - ST - ZIP	<b>DEERFIELD BCH FL</b>
TITLE	<b>ED</b>
NAME	<b>DONOVAN, PATRICIA J</b>
STREET ADDRESS	<b>9345 GETTYSBURG RD.</b>
CITY - ST - ZIP	<b>BOCA RATON FL 33434</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Fiato, Kathleen</b>	
1.3 STREET ADDRESS	<b>291 N.W. 48th Ave.</b>	
1.4 CITY - ST - ZIP	<b>Deerfield Beach, Fl. 33442</b>	
2.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Duncombe, Connie</b>	
2.3 STREET ADDRESS	<b>1260 N.E. 23rd Place</b>	
2.4 CITY - ST - ZIP	<b>Pompano Beach, Fl. 33064</b>	
3.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Collier, Ray</b>	
3.3 STREET ADDRESS	<b>71 S.E. 4th Ave.</b>	
3.4 CITY - ST - ZIP	<b>Deerfield Beach, Fl. 33441</b>	
4.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Hoisington, E.E.</b>	
4.3 STREET ADDRESS	<b>1427 E. Hillsboro Blvd. #629</b>	
4.4 CITY - ST - ZIP	<b>Deerfield Beach, Fl. 33441</b>	
5.1 TITLE	<b>ED</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Mowry, Mary O.</b>	
5.3 STREET ADDRESS	<b>1351 Banyan Rd.</b>	
5.4 CITY - ST - ZIP	<b>Boca Raton, Fl. 33432</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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 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: *Mary O. Mowry* **MARY O. MOWRY** DATE **4-22-95** DAYTIME PHONE # **407-368-8866**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR