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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727200

1. Corporation Name

DEERFIELD BEACH HISTORICAL SOCIETY INC

Principal Place of Business

"BUTLER HOUSE"
380 E HILLSBORO BLVD
DEERFIELD BCH FL 33441
US

Mailing Address

PO BOX 755
DEERFIELD BEACH FL 33443
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/17/1973

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

23-7354099

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARY O. MOWRY
1351 BANYAN RD.
BOCA RATON FL 33432

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Mary O. Mowry MARY O. MOWRY 3/25/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD
NAME LEOLA B. BROOKS
STREET ADDRESS 999 S.W. 18TH ST.
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD
NAME WILSON, JUDY
STREET ADDRESS 328 SE 2ND CT
CITY-ST-ZIP DEERFIELD BEACH FL 33441

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD
NAME INGATE, JERRY
STREET ADDRESS 4400 N FEDERAL HWY
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME STAMM, KATHY
STREET ADDRESS 460 NW 38TH ST
CITY-ST-ZIP DEERFIELD BEACH FL 33442

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ED
NAME MOWRY, MARY O.
STREET ADDRESS 1351 BANYAN RD.
CITY-ST-ZIP BOCA RATON FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Mary O. Mowry SIGNATURE MARY O. MOWRY

Date

3/25/99

Daytime Phone

561-365

CR2E037 (11/98)