

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 20, 2005 8:00 am**  
**Secretary of State**

05-20-2005 90031 038 \*\*\*\*61.25



**DOCUMENT # 727200**

1. Entity Name

DEERFIELD BEACH HISTORICAL SOCIETY INC

Principal Place of Business

380 EAST HILLSBORO BLVD.  
 DEERFIELD BCH FL 33441  
 US

Mailing Address

PO BOX 755  
 DEERFIELD BEACH FL 33443  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7354099

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

ALLEN, DALE  
 1341 S.E. 4TH STREET  
 DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name **DEBRA MAGRANN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**230 NW 30 CT.**  
**DEERFIELD BEACH**  
 City **FL** Zip Code **33064**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Debra Magrann*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*5/2/05*

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **SD**  Delete  
 NAME **ALLEN, SUSAN**  
 STREET ADDRESS **1341 S.E. 4TH STREET**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **VPD**  
 NAME **DIETRICH, JR., ED**  
 STREET ADDRESS **77 S.E. 2ND AVENUE**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **TD**  
 NAME **BOWLES, GEORGE**  
 STREET ADDRESS **77 S.E. 2ND AVENUE**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **ED**  
 NAME **ALLEN, DALE**  
 STREET ADDRESS **1341 S.E. 4TH STREET**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT**  Change  Addition  
 NAME **JEAN CRAFT**  
 STREET ADDRESS **301 NE 25 ST**  
 CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **DR MAGRANN**  
 STREET ADDRESS **30 COURT**  
 CITY-ST-ZIP **D BEACH, FL 33064**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

*PLEASE forgive me for sending this in late. I tried to file on the website but had trouble once the payment page came up. When I tried to go back, the page was lost. Please accept my apology. I am simply a volunteer keeping the*

12. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Debra Magrann* **DEBRA MAGRANN**

*4-18-05* **954.782.7540**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #