


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000005951**

1. Entity Name  
**OAKLAND PARK HISTORICAL SOCIETY, INC.**



Principal Place of Business      Mailing Address

**COFMSACCOUNTING**      **COFMSACCOUNTING**  
**2319 N ANDREWS AVENUE**      **2319 N ANDREWS AVENUE**  
**FORT LAUDERDALE, FL 33311**      **FORT LAUDERDALE, FL 33311**

**DO NOT WRITE IN THIS SPACE**



02012006 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
**13-4206740**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROYALE MANAGEMENT SERVICES, INC.**  
**2319 N ANDREWS AVENUE**  
**FORT LAUDERDALE, FL 33311**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHROUT, RENEE M
STREET ADDRESS	666 NW 43 STREET
CITY-ST-ZIP	OAKLAND PARK, FL 33309
TITLE	D
NAME	HENRY, FRED
STREET ADDRESS	315 NW 40 COURT
CITY-ST-ZIP	OAKLAND PARK, FL 33309
TITLE	TD
NAME	POWELL, JOANNE
STREET ADDRESS	702 NE 33 STREET
CITY-ST-ZIP	OAKLAND PARK, FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/28/06-80072-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joanne Powell Joanne Powell 2/14/06 (954)564-34