


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90049 048 \*\*\*\*61.25

<b>DOCUMENT # N02000008903</b>			
1. Entity Name <b>WILTON MANORS HISTORICAL SOCIETY, INC.</b>			
Principal Place of Business <b>2325 NE 19TH AVE WILTON MANORS FL 33305</b>		Mailing Address <b>2325 NE 19TH AVE WILTON MANORS FL 33305</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number <b>05-0541102</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KUTA, PAUL A 500 N.E. 28TH STREET WILTON MANORS FL 33334</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> Zip Code		

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

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CLINE, DIANE</b> <b>2325 NE 19TH AVE</b> <b>WILTON MANORS FL 33305</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>THUMA, CINTHIA</b> <b>318 NE 25TH ST</b> <b>WILTON MANORS FL 33305</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>SAVORY-YOUNG, CONSTANCE</b> <b>308 N.E. 20TH ST.</b> <b>WILTON MANORS FL 33305</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DAVIS, SHARON</b> <b>509 N.E. 28TH DRIVE</b> <b>WILTON MANORS, FL 33334</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>KUTA, PAUL A</b> <b>500 N.E. 28TH ST.</b> <b>WILTON MANORS FL 33334</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MENCHINI, MARILYN</b> <b>500 N.E. 20TH ST., #807</b> <b>WILTON MANORS FL 33305</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DOUGHERTY, MICHAEL</b> <b>2111 N.E. 3RD AVENUE</b> <b>WILTON MANORS, FL 33305</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MIGA, KAREN</b> <b>2300 N.E. 17TH TERR.</b> <b>WILTON MANORS FL 33305</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:** Paul A. Kuta **MARCH 15, 2004** 954-566-9019  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #