2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # 727200

1. Entity Name
DEERFIELD BEACH HISTORICAL SOCIETY INC

Principal Place of Business	Mailing Address
380 EAST HILLSBORO BLVD. DEERFIELD BCH, FL 33441 US	PO BOX 755 DEERFIELD BEACH, FL 33443 US

DO NOT WRITE IN THIS SPACE

04292008 No Chg-NP CR2E037 (4/06)

4. FEI Number
23-7354099
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORRIS, CAROLYN
575 NW 47TH TERRACE
DEERFIELD BEACH, FL 33442

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

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	PERKINS, TRACI
STREET ADDRESS	1110 SE 1ST WAY
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	VPD
NAME	BIERS, GAIL
STREET ADDRESS	2746 KELLY BROOKE LN
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	TD
NAME	NODERER, DAVID
STREET ADDRESS	10 FAIRWAY STE 133
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	ED
NAME	MORRIS, CAROLYN
STREET ADDRESS	575 NW 47TH TERRACE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	P
NAME	GOULD, HENRY
STREET ADDRESS	1820 SE 6TH STREET
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/30/08-80019-010 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 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Carolyn Morris, Carolyn Morris, Exec. Dir. 4/29/08 954-429-0378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #