	<u>2020</u>	FLORIDA	NOT FOR	PROFIT	CORPORAT	<b>FION ANNUAL</b>	REPORT
--	-------------	---------	---------	--------	----------	--------------------	--------

DOCUMENT# 727200

### Entity Name: DEERFIELD BEACH HISTORICAL SOCIETY INC

## **Current Principal Place of Business:**

380 EAST HILLSBORO BLVD. DEERFIELD BCH, FL 33441

## **Current Mailing Address:**

**PO BOX 755** DEERFIELD BEACH, FL 33443 US

## FEI Number: 23-7354099

# Name and Address of Current Registered Agent:

ACCOUNTABLE FINANCIAL SERVICES GROUP 461 E HILLSBORO BLVD STE 200 DEERFIELD BEACH, FL 33441 US

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.

SIGNATURE	: LAURYN CHARLES			01/27/2020
	Electronic Signature of Registered Agent			Date
Officer/Direc	tor Detail :			
Title	DIRECTOR	Title	DIRECTOR	
Name	TANNER, AMIE KAY	Name	PHILPART, FLORA	
Address	111 SE 5TH AVENUE	Address	523 NW 3 WAY	
City-State-Zip:	DEERFIELD BEACH FL 33441	City-State-Zip:	DEERFIELD BEACH FL 33441	
Title	TREASURER, DIRECTOR	Title	DIRECTOR	
Name	NODERER, DAVID	Name	MUENZENMAIER, WILLIAM	
Address	10 FAIRWAY STE 133	Address	1089 SW 25TH AVENUE	
City-State-Zip:	DEERFIELD BEACH FL 33441	City-State-Zip:	DEERFIELD BEACH FL 33442	2
Title	DIRECTOR	Title	PRESIDENT, DIRECTOR	
Name	VATCH, GORDON	Name	LILLY, EMILY	
Address	145 E 11TH ST	Address	800 S OCEAN BLVD #707	
City-State-Zip:	DEERFIELD BEACH FL 33441	City-State-Zip:	DEERFIELD BEACH FL 33441	
Title	VP, DIRECTOR	Title	DIRECTOR	
Name	STANICH, JUDITH	Name	DIETRICH, EDWARD H	
Address	2257 ALBA WAY	Address	19780 118TH TRAIL SOUTH	
City-State-Zip:	DEERFIELD BEACH FL 33442	City-State-Zip:	BOCA RATON FL 33498	

## Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

#### SIGNATURE: DAVID C NODERER

TREASURER

01/27/2020 Date

Electronic Signature of Signing Officer/Director Detail

# FILED Jan 27, 2020 Secretary of State 8277909905CC

Certificate of Status Desired: No

### **Officer/Director Detail Continued :**

Title	SECRETARY, DIRECTOR
Name	CADE, FRANCES E
Address	4410 NE 24 AVE
City-State-Zip:	LIGHTHOUSE POINOT FL 33064