

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000005951

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

**Current Principal Place of Business:**

671 LAKESIDE CIRCLE  
APT. 614  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

671 LAKESIDE CIRCLE  
APT. 614  
POMPANO BEACH, FL 33060 US

**FEI Number: 13-4206740**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

POWELL, JOANNE HMRS.  
671 LAKESIDE CIRCLE  
APT. 614  
POMPANO BEACH, FL 33060 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name SALLEE, ANNE MRS.  
Address 1971 NW 34TH STREET  
City-State-Zip: OAKLAND PARK FL 33309

Title SECD  
Name STEVENS, CARYL MRS  
Address 1311 NE 42ND STREET  
City-State-Zip: OAKLAND PARK FL 33334

Title TD  
Name POWELL, JOANNE HMS.  
Address 702 NE 33RD STREET  
City-State-Zip: OAKLAND PARK FL 33334

Title VPD  
Name MITCHELL, DARLEEN  
Address 1584 NE 33RD STREET  
City-State-Zip: OAKLAND PARK FL 33334-5322

*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: JOANNE H. POWELL**

**TREASURER**

**02/20/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date