

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Aug 01, 2006 8:00 am
Secretary of State

08-01-2006 90006 001 *****1.00
 08-01-2006 90006 002 *****69.00

66022481



07062006 Chg-NP CR2E037 (4/06)

DOCUMENT # 705625					
1. Entity Name HOLLYWOOD FLORIDA SCHOLARSHIP FOUNDATION, INC.					
Principal Place of Business P.O. BOX 817616 HOLLYWOOD, FL 33081 US		Mailing Address P.O. BOX 817616 HOLLYWOOD, FL 33081 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1057332	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEA, ERICA 4932 S.W. 33 WAY FT. LAUDERDALE, FL 33312			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 <u>ERICA SHEA</u>		<u>Erica Shea</u>		7-11-06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAND, JUDY	NAME			
STREET ADDRESS	4140 N. 38TH AVENUE	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEFFENS, RITA	NAME			
STREET ADDRESS	5008 LINCOLN STREET	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERMAN, SYLVIA	NAME			
STREET ADDRESS	3349 HOLLYWOOD OAKS DR.	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33312	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PALAMARA, PATRICIA	NAME			
STREET ADDRESS	4200 MANGRUM COURT	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BOLOOKI, JOANNE	NAME	D BOLASINI, Kathy		
STREET ADDRESS	5010 JACKSON ST.	STREET ADDRESS	3951 N 43 Ave Hollywood FL 33021		
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SACKS, WENDY	NAME	D FRAZIN, PENNY		
STREET ADDRESS	1645 PASSION VINE CIRCLE	STREET ADDRESS	4020 N 36 Avenue		
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP	Hollywood, FL 33021		
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: <u>Sylvia Berman</u>				954-966-7690	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	



ATTACHMENT Division of Corporations

Annual Report *6/02/08*

Annual Report Help

~~Document Number~~

705625

Business Entity Name

HOLLYWOOD FLORIDA SCHOLARSHIP FOUNDATION, INC.

FEI Number

591057332

FEI Number Status

Listed Above Applied For Not Applicable

Certificate of Status Desired

Yes No \$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes No

Principal Place of Business

Address

P.O. BOX 817616

Suite, Apt. #, etc.

City, State

HOLLYWOOD, FL

Zip Code & Country

33081 US

Mailing Address

Address

P.O. BOX 817616

Suite, Apt. #, etc.

City, State

HOLLYWOOD, FL

Zip Code & Country

33081 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

SHEA, ERICA, _____

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

4932 S.W. 33 WAY

Suite, Apt. #, etc.

City, State

FT. LAUDERDALE, FL

Zip Code & Country

33312 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature _____

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

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#705625

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title SD
Name (Last, First, Middle, Title) HAND, JUDY, ,

- OR -

Entity Name to serve as Officer/Director

Street Address 4140 N. 38TH AVENUE
City, State HOLLYWOOD, FL
Zip Code & Country 33021

Title D
Name (Last, First, Middle, Title) STEFFENS, RITA, ,

- OR -

Entity Name to serve as Officer/Director

Street Address 5008 LINCOLN STREET
City, State HOLLYWOOD, FL
Zip Code & Country 33021

Title TD
Name (Last, First, Middle, Title) BERMAN, SYLVIA, ,

- OR -

Entity Name to serve as Officer/Director

Street Address 3349 HOLLYWOOD OAKS DR.
City, State HOLLYWOOD, FL
Zip Code & Country 33312

Title PD
Name (Last, First, Middle, Title) PALAMARA, PATRICIA, ,

- OR -

Entity Name to serve as Officer/Director

Street Address 4200 MANGRUM COURT
City, State HOLLYWOOD, FL

Division of Corporations

ATTACHMENT

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#705625

Zip Code & Country

33021

Title

D

Name (Last, First, Middle, Title)

FRAZIN, PENNY

- OR -

Entity Name to serve as Officer/Director

Street Address

4080 NORTH 36 AVENUE

City, State

HOLLYWOOD, FL

Zip Code & Country

33021

Title

D

Name (Last, First, Middle, Title)

BOLASINI, KATHERINE

- OR -

Entity Name to serve as Officer/Director

Street Address

3951 NORTH 43 AVENUE

City, State

HOLLYWOOD, FL

Zip Code & Country

33021

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

TD

Officer/Director Signature

SYLVIA BERMAN

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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