2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 705625

1. Entity Name
HOLLYWOOD FLORIDA SCHOLARSHIP FOUNDATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 817616 HOLLYWOOD, FL 33081 US	P.O. BOX 817616 HOLLYWOOD, FL 33081 US

07042007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-1057332
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHEA, ERICA
4932 S.W. 33 WAY
FT. LAUDERDALE, FL 33312

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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: ERICA Shea — 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 September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	HAND, JUDY
STREET ADDRESS	4140 N. 38TH AVENUE
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	STEFFENS, RITA
STREET ADDRESS	5008 LINCOLN STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	TD
NAME	BERMAN, SYLVIA
STREET ADDRESS	3349 HOLLYWOOD OAKS DR.
CITY-ST-ZIP	HOLLYWOOD, FL 33312
TITLE	PD
NAME	PALAMARA, PATRICIA
STREET ADDRESS	4200 MANGRUM COURT
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	BOLASINI, KATHY
STREET ADDRESS	3951 N 43 AVE
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	FRAZIN, PENNY
STREET ADDRESS	4020 N 36 AVE
CITY-ST-ZIP	HOLLYWOOD, FL 33021

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07/10/07-80019-016 70.00

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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: ERICA Shea — Date — Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR