


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1057332	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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: 1-10-08

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

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

000000784305
 01/16/08-80050-008 70.00

10. OFFICERS AND DIRECTORS

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

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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* ERICA Shea DATE: 1-10-08 DAYTIME PHONE #: 954-966-7690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #