

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 709157**

1. Entity Name  
**BEVERLY PARK CIVIC ASSOCIATION, INC.**



Principal Place of Business  
**6320 WILEY ST  
HOLLYWOOD, FL 33023 US**

Mailing Address  
**6320 WILEY ST  
HOLLYWOOD, FL 33023 US**



01072004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**23-7358281**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GAITHER, KATHRYN S  
6320 WILEY ST  
HOLLYWOOD, FL 33023**

**DO NOT WRITE  
IN THIS SPACE**

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

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 May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
CHAMBERLIN, JOHN  
6441 FUNSTON ST  
HOLLYWOOD, FL 33023**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
GAITHER, KAY  
6320 WILEY ST  
HOLLYWOOD, FL 33023**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
BESS, ELAINE  
6340 DAWSON ST  
HOLLYWOOD, FL 33023**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000003491  
01/13/04-80059-010 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Elaine Bess **Elaine Bess, Treasurer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8 January 2004**  
Date

**954-920-7014**  
Daytime Phone #